Address
ON
A LIFE DEVOTED TO MEDICAL SCIENCE.

Delivered to the Members of the Medical Society of University College, London, Oct. 14th, 1885.

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GENTLEMEN,—When some time ago you were good enough to ask me to address you this evening on the occasion of your opening meeting, and to name a subject, it at once occurred to me that it would be more entertaining and quite as useful if I could succeed in placing before you the history of a life, as if I were to attempt to give you an account of some new advance in medical science, or discourse on the excellence of the study of medicine in general. The circumstance which immediately suggested to me a biographical subject was that I happened at the time I received your secretary's letter to be engaged in preparing a sketch for the Royal Society of the veteran anatomist who died last April, Professor Henle; for considering that Henle was actively engaged in scientific work from 1832 to 1884, and that in the course of that period, besides the great work on Human Anatomy by which he is best known, he laid the foundation of two medical sciences as they are now understood—that of Histology by his treatise on General Anatomy, published in 1841, and that of Pathology by the Handbuch der Rationellen Pathologie, which appeared in 1846—it appeared to me that his might have served as an excellent example of a life devoted to medical science. But on further consideration I thought that it would be more interesting to take a career of which the events were nearer our own time, though its premature end preceded that of Henle's, and I was determined in this choice by the pleasure and interest I had experienced in reading the biography of Cohnheim with which Professor Kühne has prefaced the recently published collection of Cohnheim's scientific papers. Of this life-picture, as Kühne calls it, I will now endeavour to give you a sketch.

Julius Friedrich Cohnheim received his first education at home, and entered the gymnasium of Prenzlau, in Pomerania, in 1852. Of his antecedents, all that Kühne tells us is that he belonged to a Jewish family, and owed much, like many other men, both great and small, to his mother, an energetic and self-sacrificing woman, to whom he was devoted to the end of his life. During his school time he lived, as Kühne says, "unter schweren Verhältnissen aber reich am Liebe." He had not only to do his school work, but to teach his younger brothers and sisters. He finished his gymnasium course in 1856, and went to Berlin University at seventeen. At Berlin, all that is recorded of him is that he was a gifted, ready witted, and likeable fellow, and that he worked hard. As is so generally the case among the Jewish community, he was helped through the difficulties which arose from poverty by the kindness of friends and relatives. He remained in Berlin until he had passed his first examination, and in 1858 resumed work after the vacation, at Würzburg. If any of you have visited that ancient university town, full of beautiful churches, convents, and palaces, and surrounded by the vine-clad hills of the sunny Main, you may imagine that the change from dusty Berlin was not without its effect.

Cohnheim's removal to Würzburg was the beginning of his real life. His circumstances had improved; and, entering the new university as he did, with the experience and knowledge of a third-year student, he passed at once from boyhood to manhood. His attraction to Würzburg was the teaching of Kölliker. The science of histology was, as I have told you, founded by Henle when he published his "General Anatomy" in 1841. At a later period in Henle's life he became more and more exclusively a descriptive anatomist, and the work of developing histology was taken up by Kölliker, whose great work, from which everybody copied for many years, appeared in 1850. At the time Cohnheim was at Würzburg it was the place to which everybody went to learn histology. Cohnheim made many life friendships there with men who afterwards became his colleagues, and from some of them we learn that, although he worked hard with Kölliker in the morning, he entered with the greatest zest and enjoyment into the free student life of the university, and that his ready wit and remarkable talent for story-telling made him generally popular.

In 1860 Cohnheim left Würzburg, and in November of that year passed his final examination in medicine, receiving his degree in July of the following year. At that time Virchow had been called to Berlin from Würzburg, and had established that great school of pathology where almost all the distinguished men of the succeeding generation received their training. The Berlin Pathological Institute was the first of the great institutions for the systematic study of the causes and nature of diseases which have, during the last quarter of a century, become part of the organisation of every centre of medical teaching in Germany. But in 1860 the Berlin Pathological Laboratory was, so far as I know, the only one in the world. Virchow was in full vigour and at the height of his reputation. He had not yet become involved in politics, and was the source and centre of activity in pathology.

And now began a period of struggle and difficulty which afterwards told seriously on Cohnheim's health. The time after his graduation was occupied in working up for publication his thesis, which embodied the results of the first of those researches on the "Process of Inflammation," which constituted his life work. It was on inflammation of serous membranes, and was published in 1862 in Virchow's *Archiv*. He had also to prepare for the most formidable of the professional examinations which a man has to undergo in Germany, the *Staatsexamen*. He had at that time no intention of entering on a scientific career, and became a worker or *Practikant* with Virchow, with no other view than that of training himself thoroughly for practice. Not many weeks after the *Staatsexamen* had been passed, Cohnheim's father, who had some years before emigrated to Australia, returned home a ruined man, and dying of cancer. During the month or two which preceded his death, Cohnheim did all that skill and affection could do to alleviate his sufferings, and then, when the end had come, turned to face the future. Living as best he could, he continued to work in the laboratory with Virchow and Recklinghausen, seeking in the meantime (but fortunately for his after-career not obtaining) some medical appointment by which he could live until patients came. No one knew—not even those friends with whom he was in constant and intimate relation in his laboratory work—how much he had to suffer; for, with the self-containedness which is characteristic of most strong natures, he deemed it unbecoming to compel those who sought his society and valued his character on the ground of his scientific attainments to become participators in his private embarassments. The advantage of this course was that he was able when in the laboratory to be really what he seemed to be,—to put aside altogether all thought of the *res angustæ domi* when in the society of his co-workers, and to congratulate himself, while looking forwards to a brighter future, that now he had what would afterwards be wanting—time and leisure. This state of things could not, however, last, and was brought to a close by circumstances which Cohnheim knew well how to turn to account. Just as he had finally succeeded in obtaining the offer of a medical assistantship at Elberfeldt (the acceptance of which would have been "good-bye" to science) the war broke out in Schleswig Holstein, and he was appointed to military duty with the army. His duty as military surgeon afforded him the very opportunities for work in pathological anatomy that he wanted. Being happily associated with Rosenthal (who is well known to you as a physiologist by his various and important researches), and having a very distinguished surgeon—Fischer, now Professor of Surgery at Breslau—as his immediate superior, he was able to devote a great deal of time to post-mortem examinations; at the same time he contracted many friendships, and in particular entered into very cordial relations with the people in whose house he was quartered. One can well imagine that this was a period of considerable enjoyment. A campaign without much fighting, interesting scientific work, and the society of cultivated people, made up a pleasant holiday. But, alas! it was brought to a sudden end by the death of

his younger brother, who was killed in action in one of the last battles of the war. This brother, having been in trade, was the chief breadwinner of the family; Cohnheim therefore was, on his death, compelled to obtain his discharge and return home to Berlin, to see after his mother and the younger children, who were now entirely dependent on his earnings. At this time, most fortunately both for Cohnheim and for science, an opening presented itself which furnished him not only with the means of subsistence, but with the opportunity of fulfilling the plan of his life under the most favourable conditions.

Recklinghausen was called to Königsberg to the chair of Pathology in that university, and Virchow invited Cohnheim to take his place. I cannot better give you an idea of the life at the Charité at Berlin at that time than by telling you shortly what Kühne says about it. It was, he says, a life of wonderful activity, the duties of which were all interesting, but more numerous than could be got into the time. Every morning a number of post-mortems had to be made, and demonstrations for Virchow's lectures prepared every afternoon. Histological classes were formed for *Practikanten* who came from all parts of the world to learn pathology, and who constituted, with the admixture of a few artists and students of other faculties, the somewhat Bohemian society of the Charité. It was in this society (which, I need scarcely say, consumed much beer and tobacco) that Cohnheim especially displayed his peculiar characteristics, his overflowing wit, his expressive and epigrammatic talk—often, perhaps, too strongly seasoned with sarcasm—brilliant qualities which derived their value and interest from the character of the man who possessed them; for if Cohnheim's utterances sometimes left a sting behind them, the momentary feeling of bitterness they occasioned soon lost itself in the love and esteem which his genial sympathetic nature and warm heart inspired in all with whom he came into anything like intimate relation. With one exception this was the happiest period in Cohnheim's life; for he now found himself, after a long contest with adverse circumstances, in a secure position, with a great and increasing reputation. It was also the most brilliant; for it was while he was assistant in the Berlin Laboratory that he accomplished the most important work of his life; and it was characteristic of the man that at the time of the publication of the paper[1] which contained his greatest discovery he was so engrossed with the further investigations relating to the process of inflammation to which it led that he failed to appreciate the importance of his own achievement.

Good times as well as evil times come to an end. In 1868 Cohnheim received and accepted an invitation to the chair of Pathology in the small University of Kiel, and experienced for the first time the vexations and loss of time which are inevitable when one has to initiate a new undertaking. But, as before, he let neither business nor society, though he thoroughly discharged the one and as thoroughly enjoyed the other, come in the way of the end and aim to which he had consecrated his life—the elucidation of the pathology of the circulation; and at Kiel we find him occupied with his second greatest work—that which related to the pathological effects of the obstruction of arteries by plugs or embolism. During this period he was further compelled to spend much time in controversy, for the doctrine of inflammation, which was the necessary outcome of his discovery of the true mode of origin of the pus-corpuscle, was most vehemently opposed in Germany. But to him controversy did not mean merely the repetition in different language of arguments which had already been used, but the strengthening of his position by new methods of experiment.

In 1872 Cohnheim was invited to the University of Breslau. At this time his happiness was crowned by his marriage with an accomplished woman, whose sympathy and devotion were the stay of his future life. Less than a year after they had settled in Breslau he had a serious attack of gout, and subsequently of bronchitis, in consequence of which he was recommended to spend a winter in the south, at Montreux. From this break down he for the time completely recovered. The four or five succeeding years during which he occupied the Breslau chair were abundantly productive, differing, however, from those which had preceded them in this respect, that all the researches Cohnheim engaged in at Breslau were carried out in association and co-operation with workers in his laboratory such as Weigert, Senftleben, Lichtheim, Welch of Baltimore, and others. It was during this period (1876) that Koch made his great discovery as to the morphological characters and development of bacillus anthracis. Koch, who was then *Kreisphysikus* at Wollstein, a small country town in Silesia, had come to Breslau to demonstrate the experiments he had previously made at home, and was working in the Botanical Institute of the University. He had cultivated the bacillus from the blood of infected mice, and had invited Cohnheim, who was before disposed to be sceptical about "bacteria," to witness the fundamental experiment by which it is proved that the plant is capable of reproducing the disease. Professor Kühne relates that Cohnheim at the time was engaged with a post-mortem; he left Weigert to continue it, but soon returned, and said to those who were present: "Now leave this, and go to Koch; he has made a great discovery. Its simplicity and exactness is all the more astonishing that at Wollstein he is cut off from all relation with scientific work, and has done all this by himself, and has done it so completely." He then went on to speak of the further advances which might be expected to accrue from Koch's labours.

The final chapter of Cohnheim's career was his removal to the great Leipzig school. In Breslau he had had under his direction a well-appointed laboratory replete with all appliances for research; Dr. Weigert, a man after his own heart as an assistant; plenty of workers; and at home everything which could conduce to his happiness. But he was wanted at Leipzig, and in 1878 he went there to take charge of the splendid Pathological Institution of that University. He accepted the invitation, believing that his removal to this centre of German culture would conduce to the fulfilment of the purpose of his life by increasing the sphere of his influence. Among the researches conducted at Leipzig, numerous as they are, none is more worthy of mention than the investigation which was published latest, that which he undertook in co-operation with Dr. Roy, now Professor of Pathology at Cambridge, who was then one of his assistants. It was indeed the only product of the Leipzig time which he judged of sufficient importance for him to attach his name to it—a proof, if any were needed, of the very high esteem in which he held the only Scotch or English student who, so far as I know, is to be found in the long list of young pathologists who are proud to have been his pupils. Very soon after Cohnheim's removal to Leipzig the constitutional disease, which eventually brought his short life to an end, assumed a more serious character. He did not, however, again break down until the autumn of 1883. In the following winter he found himself incapable of lecturing or of working in the laboratory, but he still took part in what was going on. Confined to his study, he received daily visits from workers in the laboratory who came to show him their results, while at the same time his house became a centre to which men representing every branch of culture in the University—artists, scholars, philosophers—resorted quite as much to enjoy his conversation and profit by his many-sided knowledge as to express their sympathy. But to the last the subject that most strongly interested him was pathology. The day before his death he received the report of Koch's investigations as to the cholera bacillus, and remarked, "If cholera comes to Leipzig, nothing shall hinder me from going to the post-mortem room, though I should be carried there." Early next morning he died, as he had lived.

A good life, whether that of a clergyman, of a doctor, or a soldier, is one which, like Cohnheim's, is *zielbewusst* and *zielgemäss*. The good man is he who knows what the aim and purpose of his life is, and has the will and the power to live up to it. This purpose the soldier calls duty, and we admire him for acting it out. For us there is much more to admire in a life such as Cohnheim's, who, with nothing to depend on excepting an intellect strengthened by the thorough education which Germany places within reach of all, determined before he was twenty-one to devote his energies to a particular line of scientific investigation, and silently and without complaint submitted to poverty and privation in the confident hope that the only reward he sought for would be his. The possession of a clear conception of the nature of the life-task he had set himself, and the determination to allow no consideration to divert him from that task and to neglect nothing which could conduce to its accomplishment—in a single word, his scientific earnestness—constituted Cohnheim's first qualification. His second was the possession of intellectual truthfulness and independence—two words which express respectively the essential and

[1] "Ueber Entzündung und Eiterung," Virchow's Arch., 1867, vol. xl., page 1.

practical aspects of one and the same quality of mind. By intellectual truthfulness I mean, of course, not that ordinary truthfulness in the common affairs of life in the exercise of which we are aided rather than hindered by public opinion, but that most special and characteristic attribute of the scientific mind which makes it incapable of entertaining at the same time two opinions which are contradictory to each other. Common truthfulness, or the semblance of it, is attainable by any man; but if we look into our own minds and criticise our own thoughts even about our studies, how few are there who have resolution enough to make a distinction between things of which we know nothing and those which we really understand, and to exclude the latter from the narrow circle of our accepted convictions. That Cohnheim possessed this one thing needful, and that his life was governed and regulated by the purpose which he early placed before himself as his *ziel*, were the conditions which made it so fruitful. I will now ask your leave to submit to you a very scanty sketch of what that purpose was.

When Cohnheim came to Berlin to work at pathology, Virchow had attained the zenith of his great reputation. The doctrine expressed by the term "cellular pathology" was the pivot on which all discussions as to the nature of disease turned. By this term Virchow meant that just as all the work of the healthy body is done by cells, so in disease, and particularly when the healthy action of a part is disturbed by injury, and "pain, heat, redness, and swelling" ensue, these external or superficial phenomena are but the expression of more intimate changes, which have their seat in the cells of the injured part; and, in like manner, that in the more complicated processes of disease the primary changes are *cell changes*. Virchow, his eloquent expositor in this country Mr. Simon, Henle, Goodsir, and a host of the distinguished men of that time, accepted this generalisation as covering all the facts which were then known. But about 1860 certain other facts which have since become familiar to us—facts at that time imported from the sphere of comparative physiology—began to exercise an influence on pathology. The life of the cell had been up to that time thought of as exclusively vegetative, and no exception to this general rule was made in favour of the colourless blood-corpuscle, so that when Lieberkühn first described the amœboid motions of these bodies, they appeared to him so paradoxical that he was fain to regard the phenomenon as evidence that they were parasites. The foundation of what we now know so familiarly as to amœboid motion in the higher animals was laid by Haeckel in his investigation of the blood of the crayfish in 1858, for it was this that led Recklinghausen to make those observations as to the colourless corpuscles of the frog and of mammalia which served as the starting-point for Cohnheim's work. By 1862 Recklinghausen had indeed made out the most essential points in their physiology, and in particular their power of incorporating other particles, and of finding their way along those splits or interstices, which, as he at the same time discovered, constitute the beginning of the lymphatic system. Cohnheim was at this very time, as you have heard, Recklinghausen's pupil, and it was the discovery of the relation of the colourless corpuscles to the lymphatic system that was the inspiration of his life-work. In his study of serous inflammation, which, as you will remember, was the subject of his thesis, he had had before him a process which the accepted doctrine of the genesis of pus did not satisfactorily explain. Recklinghausen had shown that the colourless corpuscles are as much at home, so to speak, in the tissues where pus was supposed to be generated, as in the blood itself; and Virchow had for years taught the structural and chemical identity of the pus-corpuscle and blood-corpuscle. The position of the matter was therefore as follows: The presence of wander cells structurally identical with the colourless blood-corpuscles present in small numbers in normal tissue, in large numbers in inflamed tissue, had come to be a recognised fact. Were they, as Virchow believed, produced there, or had they escaped from the blood stream? No one (except Augustus Waller, who had described the process twenty years before, at a time when its meaning could not be understood) had seen them escape, and no one doubted that they originated on the spot. Cohnheim saw otherwise, and with him action followed promptly on the footsteps of thought. In 1866 he devised, and after some months of patient labour carried out those methods, by which he was able to observe and demonstrate to others the actual process (to which he applied the term *diapedesis*) by which, in the early stage of inflammation, the colourless corpuscles seem, as it were, to jump through invisible openings in the walls of the capillary bloodvessels. This great discovery was therefore made, not, as I fancy many people imagine, as the result of a lucky observation which any skilled observer might have made if he had had sufficient time and patience, but of an investigation deliberately planned by the discoverer for the purpose of testing the truth of a previous inference from known physiological facts. Cohnheim showed his complete appreciation of the bearing of his discovery by at once proceeding to further investigations in the same direction. He saw that it involved abandonment of the ideas which were up to that time prevalent as to the relation of the capillary bloodvessels to the cells in inflammation. According to those notions the first step in the process was increased activity of cell-growth in the injured tissue. In consequence of this increased activity more blood was required, and to supply it the vessels dilated and the liquor sanguinis exuded. Cohnheim saw from the first, probably before he had proved the fact of emigration, that in this statement the natural order of events was reversed—that inasmuch as exudation and emigration preceded the appearance of cells in the tissue, the latter could not be the cause of the former. It was no less evident that the escape of the contents of the capillaries must have a cause, and he had little difficulty in arriving at the inference which is the foundation of the present doctrine of inflammation—namely, that all the changes which occur in an injured part are primarily the result of damage of the capillary bloodvessels. Now, it did not require any extraordinary intelligence to see that the fact of emigration must necessarily involve a previous change in the membrane through which the escape takes place; but it did afford evidence of very remarkable endowment to plan and carry into execution that beautiful series of experimental investigations by which, during the ten years spent at Berlin, Kiel, and Breslau, Cohnheim established his new definition of inflammation on so broad a basis of experimental fact that, whatever changes may occur in the superstructure, his work will stand, like that of Darwin or of Johannes Müller in other fields of biology. It will remain, as it is now, the foundation of that most important part of pathology which concerns the circulation of the blood.

I could have wished that it had been possible to give you a sketch of Cohnheim's researches on venous and arterial congestion, on embolism, and on the influence of the nervous system on the process of inflammation. To attempt even the briefest account of them would occupy a whole lecture. I must therefore content myself with saying that any one of those inquiries would have been sufficient to entitle the author to the highest position as a discoverer.

And now let me, by way of bringing this already too long discourse to an end, endeavour to indicate for the information of anyone here wishing to follow Cohnheim's example, how, under the conditions which actually exist in England, this may be best accomplished. I should first recommend him to think, not twice, but a great many times, before coming to any such resolution. In England a scientific career is simply swimming against the stream, for such a career is neither understood nor recognised. Medicine, on the other hand, offers you the happiness of doing good to others, along with the additional satisfaction of doing good to yourselves at the same time. If, therefore, you are inclined to give one hand to science, keep hold of medicine with the other, and in any case delay making your decision. The best advice that can be given to a man who intends to specialise in pathology is to proceed with his studies during the six or seven years of his medical training in exactly the same way as if it were his intention to fit himself thoroughly for practice—to enter the profession by the proper gateways, and to spend as much as possible of the two years following the completion of his course as a student as resident in a hospital, it being very certain that, even if a man have no intention of practising, the pathological knowledge thus gained is such as cannot be obtained in any other way. At the close of his hospital residence he is in a position to decide whether he prefers the science of medicine or the practice, and if the former, what course he should pursue. I can best indicate my opinion by stating in general terms what I should do myself if I could bring back the long past. I should not follow the London scheme of seeking a junior hospital appointment and undertaking to teach some subject I cared nothing about in a medical school, but should at once repair to wherever the best opportunity offered of doing the

work I had selected for myself. If I wanted to study clinical pathology, I should go to a great school such as Berlin, Vienna, or Paris; if I intended to do experimental work, I would go to Prague, Strasburg, or Leipzig; if I wanted pathological chemistry, I should go to Berlin to work with Salkowski; and so on,—in all cases taking care not to begin until I had made up my mind as to the nature of the work I intended to do, and not to enter a German laboratory until I had mastered the language, and had, by previous laboratory training in London or elsewhere in England, acquired some practical knowledge of methods. The main point to be insisted upon is that, if a man intends to go in for science at all, he must do so thoroughly and devotedly. He who has set himself a life task must be content to live for its accomplishment, and it is fortunately somewhat easier to do this now than it was even a dozen years ago. The "research scholarships" which now exist in London, Manchester, Oxford, and Cambridge, are most of them available for young pathologists, and it is to be hoped that by them a few men may be, I will not say induced, but enabled to work, who might otherwise have been prevented by want of means. It is, however, to be remembered that a research scholarship is not like a College Fellowship at Oxford or Cambridge—a possible provision for life—but only a means by which the time and leisure which Cohnheim so much valued during the early years of his residence at Berlin may be enjoyed without the privations by which he had to pay for them. It is when these early years are over that the real difficulty comes; but it is not practically so serious as it looks. In England there are a few appointments—very few, it must be admitted—the engagements of which are consistent with devotion to scientific work in pathology. I need scarcely remind you of the existence of the Brown Institution in London, and of the admirable work which is now being done there under the direction of my friend and successor, Mr. Horsley. A chair of Pathology has been recently created in Aberdeen, still more recently another at Cambridge, and such a chair has long existed in the University of Edinburgh. As time goes on, and the practical value of pathological research becomes more and more recognised by the medical profession, new endowments of the same kind will come into existence. While, therefore, there is nothing like a *career* in England for the scientific pathologist, yet, if he possesses those qualities of mind and of heart which I have endeavoured to illustrate this evening in Cohnheim's life, there seems to me to be no reason why, if he is willing to follow the same ends, he should not be happy and even prosperous.

THE CRIMINAL RESPONSIBILITY OF THE INSANE.

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(*Continued from p. 712.*)

IN the year 1874 Sir James Stephen himself made an effort to improve the law relating to the plea of insanity, in a Bill which was introduced into the House of Commons by Mr. Russell Gurney, and was entitled "A Bill to amend the Law of Homicide." In that Bill it was provided that homicide should not be deemed criminal if the accused person is, at the time of committing the act, prevented, by any disease affecting his mind, (*a*) from knowing the nature of the act, (*b*) from knowing that it is forbidden by law, (*c*) from knowing that it is morally wrong, or (*d*) from controlling his own conduct.

The first three of these tests, it will be observed, are the same as those proposed by the judges in 1843, with this difference, that they are cleared from a certain amount of ambiguity. The judges had said that a person should not be responsible for his act if at the time he committed it he did not know that he was doing wrong. This expression was capable of two different interpretations. It might have meant the knowledge that it was morally wrong, or the knowledge that it was contrary to the law; and sometimes one of these interpretations had been given to it, sometimes another. Sir J. Stephen proposed to include them both, so that ignorance of the immorality of the act or ignorance of its illegality would equally excuse a person from responsibility.

The fourth test was quite new. For the first time it recognised the fact that insanity of such a nature as to render a person irresponsible might exhibit itself in a want of control over the will. And here we are brought face to face with the fiercely disputed question whether there is or is not such a thing as irresistible impulse—that is, whether persons apparently sane, and at any rate free from obvious delusion, may be impelled to insane acts by a force that they cannot control. Many eminent lawyers entirely disbelieve in such a phenomenon, and maintain that those who think otherwise have failed to discriminate between an impulse that is irresistible and one that is simply not resisted. I cannot deny that medical witnesses have not unfrequently pressed this doctrine of irresistible impulse unduly, overlooking the fact that an insane impulse is not necessarily an irresistible one. But, as Sir James Stephen remarks, "it is not because a man makes a foolish statement on that subject that the law is to put itself in a false position." That there are cases where the insanity reveals itself chiefly, if not solely, in acts of violence, the consequence of uncontrollable impulse, there is unfortunately no room for doubting.

An example of a striking kind is afforded in the case of poor Mary Lamb, the sister of the ever-delightful "Elia." The sad story has just been retold by Mrs. Gilchrist, how "Mary, worn out with years of nightly as well as daily attendance upon her mother, who was now wholly deprived of the use of her limbs, and harassed by a close application to needlework to help her, in which she had been obliged to take a young apprentice, was at last strained beyond the utmost pitch of physical endurance, 'worn down to a state of extreme nervous misery.'" One afternoon, having been "moody and ill for a few days previously," she snatched a knife from the table in a sudden attack of frenzy, "and pursued the young apprentice round the room, when her mother, interposing, received a fatal stab and died instantly." By some means or other, legal proceedings were avoided, and after a residence of many months in a private asylum at Islington, Charles Lamb entered into a "solemn engagement that he would take her under his care for life," and thus obtained her release. But she suffered a relapse before the end of the year, and was subject to similar outbreaks for the rest of her life, the mental depression which preceded the attacks being always accepted as an indication that she must be at once placed under the restraint of an asylum. Only by that means were further catastrophes avoided.

To return to Mr. Gurney's Bill. It was referred to a select committee of the House of Commons, and amongst the witnesses examined were Lord Bramwell and Lord Blackburn. The late Lord Chief Justice Cockburn submitted a statement in writing.

Lord Bramwell, in the course of his examination, declared that "the law lays down such a definition of madness that nobody is hardly ever really mad enough to be within it.[1] Yet," he went on to say, "it is a logical and good definition," and he had no wish to see it altered.

Lord Blackburn's evidence is equally remarkable. "We cannot fail," he said, "to see that there are cases where the person is clearly not responsible, and yet knew right from wrong," and he gives an instance to which I shall have occasion to refer presently. Yet he, too, expressed himself as satisfied with the existing law.

Lord Chief Justice Cockburn, on the other hand, strongly supported the proposed change. In his letter to the Committee he says: "As the law now stands, it is only when mental disease produces incapacity to distinguish between right and wrong that immunity from the penal consequences of crime is admitted. The present Bill introduces a new element—the absence of the power of self-control. I concur most cordially in the proposed alteration of the law, having been always strongly of opinion that, as the pathology of insanity abundantly establishes, there are forms of mental disease in which, though the patient is quite aware he is about to do wrong, the will becomes overpowered by the force of irresistible impulse; the power of self-control when destroyed or suspended by mental disease becomes, I think, an essential element of responsibility."

Mr. Gurney's Bill, however, as a whole, failed to commend

[1] Special report from the Select Committee on the Homicide Law Amendment Bill, July 21st, 1874, p. 27, question 176.

itself to the Committee, and has never become law. If there must be a legal definition of the precise degree of insanity which is to exempt a person from criminal responsibility, the tests that Sir James Stephen here proposed are infinitely less objectionable than those to which our judges still adhere. But I think it can be shown that insanity is too subtle a disease to be estimated either qualitatively or quantitatively by any rigidly defined tests, however clear and comprehensive. The popular notions that one man can recognise lunacy as well as another, that its recognition is merely a matter of common sense, requiring no special training or experience, and that it invariably betrays itself by definite and unmistakable symptoms, are altogether erroneous. It is only necessary to pay a visit to a lunatic asylum, and to enter into conversation with its inmates, in order to have these views dispelled. It will be found that in a lunatic asylum the raving maniac is an exception, the majority of the inmates being quiet, orderly persons, who present, so far as their outward appearance goes, little or nothing to distinguish them from other people. Probably no one visits such an institution for the first time without being puzzled to know which are the officials and which the inmates. Like other chronic disorders, insanity is apt to come on insidiously. Its early symptoms are very often extremely slight and extremely obscure, so much so that they are almost invariably either misinterpreted or overlooked by the sufferer's friends. A certain alteration of manner, a disposition to talk a little more or a little less than usual, an unaccustomed recklessness in expenditure, a tendency to be supicious of those who have hitherto been implicitly trusted, a slight failure in business capacity—these may be all the symptoms that mark the departure from mental health, until one day the smouldering insanity betrays itself in an act of violence. Suppose that act of violence to be one that brings its perpetrator within reach of the law, the medical witness who supported the plea of insanity by recounting the premonitory symptoms just mentioned would be smiled at as an amiable but foolish and misguided visionary. Yet let us look for a moment at some other diseases of the nervous system, and see whether, reasoning from analogy, such a course of events is not exactly what we might expect. The more common brain diseases, apoplexy and softening, are not primarily diseases of the nerve tissue, but of the bloodvessels supplying that tissue; in apoplexy, the diseased bloodvessel gives way and the brain is injured as a consequence; in softening, the brain undergoes deterioration from a failure on the part of the diseased bloodvessels to supply it with the material necessary for its maintenance. Insanity, on the other hand, is a functional disorder of the nervous tissue itself, and therefore we must look for the analogies we seek, not amongst the more common and grosser lesions of the brain, but amongst other functional disorders of the nerve structures themselves—such, for example, as epilepsy and chorea, or St. Vitus's dance. The analogy between epilepsy and those forms of insanity which are accompanied with sudden outbursts is a very close one. An epileptic fit is due (speaking broadly) to a disorder of that portion of the highly organised nervous tissue lying on the surface of the brain which is known as the motor area, the function of which is to take the supreme direction of the movements of the voluntary muscles of the body. There is good reason for believing that the outburst of maniacal fury is due to a corresponding disorder of that portion of the same tissue which lies in front of the motor area, and which has for its function the control of the thoughts, the emotions, and the will. The most striking feature in each of these phenomena is its suddenness. The insane impulse and the epileptic fit have both something of the nature of an explosion. The causes that have been at work in each case have been cumulative in their action, and only when the accumulated irritation has reached a certain degree of intensity has there been any, or, if any, but the very slightest, outward indication of the gathering storm. The epileptic may have had one or two transient attacks of giddiness, or an occasional look of vacancy, and the madman may have exhibited one or more of those comparatively trifling alterations of character and manner that I have enumerated, but in neither of the cases I am supposing will there have been any premonitory symptoms sufficiently striking to attract the attention of persons who have had no special training or experience in such matters. The epileptic fit is a storm of muscular movement, a general convulsion of the voluntary muscles; the madman's violence is a storm of thought, emotion, and will, betraying itself in extravagant conduct; it, too, is essentially a convulsion. The analogy may be pursued further. After the epileptic fit and the phenomena that sometimes immediately follow it have subsided, the individual to all appearance returns to his normal condition, giving no indication, beyond perhaps a bruise or two, of what he has gone through. Similarly, after the insane act of violence, there may be an apparent return of mental soundness such as to make it difficult if not impossible to discover any evidence of insanity.

After what has been said, it will occasion no surprise to hear that these two kinds of storms occasionally alternate in the same individual, an outburst of insane fury or violence taking the place of an epileptic fit, and *vice versâ*. Nor will it be wondered at that the one kind of explosion may occur in the parent and the other in the offspring. But the object I have had in view in tracing this analogy is to point out that, although there are many cases of insanity where the malady is patent to the whole world, there are others—and those precisely the cases most likely to come up for trial on criminal charges—where the disease is exceedingly difficult to recognise, even by the trained observer, and by the untrained impossible. The spectacle of an epileptic seizure taking place suddenly in an apparently healthy person is one of such every-day occurrence that it scarcely excites any notice. But if a medical witness stands up in court and suggests that an atrocious and apparently motiveless act of violence was the insane act of the apparently calm prisoner in the dock, he is in danger of being ridiculed as a theorist. That such, however, *is* the explanation of a certain number of acts of violence cannot be doubted, and the analogy here traced to the well-known phenomena of epilepsy may serve to bring this fact home to us and to remind us that there is nothing in it which is out of harmony with other facts that are daily before our eyes.

(To be concluded.)

CONGENITAL FRACTURE AND DISLOCATION OF THE ATLAS.

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M. GUÉRIN, in his description of congenital luxations,[1] mentions the existence of what he calls a "subluxation occipito-atloidean," and gives the following case as an example:—"Those who follow my consultations can recollect having seen last year an infant about two or three months old ..... The head was exactly applied against the posterior part of the neck and upper part of the back. There was probably a sliding of the condyles forwards, with elongation of the anterior ligaments."[2] That Guérin's description of the luxation present in his case is the correct one is, however, doubtful. Certainly the condition of parts was different in two new-born infants, similarly deformed to his case, which came under my notice, and the deep anatomy of which I had the opportunity of investigating. Some abnormal specimens of the adult atlas at present before me also point to the probability of Guérin's theory being erroneous. On comparing my own observations with the accounts of cases of epilepsy and malposition of the head, I have been led to conclude that defective development and injury of the atlas have a practical importance to which little attention has been paid, although the subject is of interest to physicians as well as surgeons. This will be seen later on.

In the fœtal cases I found that, instead of the luxation being limited to the occipito-atloidean joint, the atlas was displaced from between the occiput and axis just as one of the carpal bones—e.g., the semilunar—may be occasionally found displaced from between its fellows. The dislocation of the atlas is only partial, and with it a fracture, or more correctly speaking a cartilaginous disjunction, at the middle of the posterior atlantal arch coexists. The dislocation consists of a forward and outward displacement of the atlantal lateral masses;[3] and, as each mass is thinnest internally, its

[1] Gazette Médicale, 1851, p. 227; also ibid., 1841, p. 29.
[2] Quotation given in Hamilton on Fractures and Dislocations.
[3] The transverse ligament keeps the lateral masses together anteriorly.

displacement produces that close approximation of the occipital and axial articular surfaces posteriorly which is the cause of the exaggerated extension of the head of which Guérin speaks. The oval ring of the atlas is ruptured posteriorly in the middle, and its halves rotated outwards horizontally round an axis situate at the middle of the anterior arch—the whole process, in fact, resembling the opening out of a pair of strongly curved callipers.

In the adult I have met with two abnormal specimens of atlas which are examples of this fracture-dislocation.[4] In one there is a deficiency at the middle of the posterior arch which is not due to want of ossific growth, but to the opening out of the halves of the atlas from congenital fracture-dislocation. This is evidenced by the forward direction of the tips of the transverse processes, which, however, assume their normal direction when pressure is made on the sides of the posterior arch so as to bring its halves together. The second adult case was seen in the recent condition, and on that account I am enabled to offer a theory as to the mode of production of such injuries. There is a false joint in the middle of the anterior arch in this case and a very large deficiency behind. When the head was flexed or balanced on the spine no displacement of the lateral masses was present; but when the head was extended by being thrown backwards, the posterior ends of the lateral masses moved outwards, and they immediately regained their normal position when the head was moved forwards. The cause of the displacement was not far to seek. It was due to the occipital condyles, which by the forward rolling of their divergent back parts thrust the lateral masses of the atlas before them when the head was extended.[5] Evidently the presence of the joint in the anterior arch contributed to the easy reduction of the dislocation in this case. In the first specimens no such joint existed, so that the displacement in them was permanent, but in all the over-extension of the head was permitted.

The question occurs—Could this over-extension of the head be productive of evil? In three out of the four cases which came under my notice the parts were in the recent condition, and in each the posterior edge of the foramen magnum, in approaching the arch of the axis, which it did very closely, was seen to encroach somewhat on the spinal canal; and in the last-mentioned case the outward movement of the halves of the atlas, occasioned by the extension of the head, produced a transverse tightening of the ligamentous fibres behind the canal, which made the encroachment on the antero-posterior diameter of the canal still greater. All this suggested the idea of pressure being put on the contents of the canal in the over-extended position of the head. That such pressure can be exercised injuriously is borne out by a case mentioned by Kussmaul, in which the condition of parts was similar to the fourth specimen described, and which was found in a post-mortem examination on a lad aged twelve, who was observed during life to have a convulsive attack after any strong turning of the head. Kussmaul's case is described in Moleschott's Untersuchungen (1857, iii., p. 122). Luschka,[6] in referring to it, says that the turning of the head induced the fits by the pointed ends of the broken arch overlapping and constricting the canal. This notion of the mode of constriction of the canal is, however, untenable, as bending of the ends over one another would involve a movement outwards of the mesial ends of the divided anterior arch such as the muscles and anterior ligaments would scarcely allow. Besides, there is no reason to suppose that the mechanism was different from what it was in my own cases.

In Glasgow, I believe in the winter of 1882, Dr. D. C. McVail exhibited a patient at the Medico-Chirurgical Society who, to my mind, presented well-marked symptoms of this injury. I mentioned my views of the case at the time, but they did not meet with general acceptance. Certainly neither Dr. McVail nor the President (Professor Gairdner) acquiesced in my notions. However, I have since written to Dr. McVail explaining fully my views, and in his letter to me he states that "what you advocate seems very feasible." I must here thank Dr. McVail for notes on the case which he kindly sent me, and from which I extract the following portions, so as to allow readers of this paper to judge for themselves whether the case is or is not one of congenital injury, such as is described above.

James Mc——, aged twenty-three, attended Glasgow Western Infirmary Dispensary, session 1881-2. "About two years ago, on his way home from work, he felt shaking movements of the head. This was observed at the same time by a companion. It occurred when he was reading a bill in the streets, and continued for about a minute. ..... He is subject to brief clonic convulsive attacks affecting the muscles that proceed from the spinal column to the occiput. The upper fibres of the trapezius also seem to be involved. The sterno-mastoid, facial muscles, muscles of eyeballs, and muscles of deglutition are unaffected in these attacks. When the hand is placed over the mass of muscles during an attack the clonic contractions are felt to be at the rate of about ninety in the minute, occasionally faster or slower. An attack now lasts for about ten minutes.[7] ..... An attack can be brought on by firmly pressing down the head on the spine. ..... All along he has been free from pain in the head. No history of syphilis. General health always fair."

It is to be observed from the above that the first attack (remembered) was induced by the patient reading a bill posted up in the street. Now, bills are posted rather high up at street ends in Glasgow; so, if we suppose the patient was glancing upwards, perhaps in his eagerness he gave his head a jerk, and, from what has been shown in my dissected adult case, the sliding forwards of the occipital condyles, by acting like a wedge, produced either the dislocation for the first time in an atlas imperfectly developed, or reproduced the displacement in a patient who, at birth, was the subject of the injury. In either case, if over-extension of the head was permitted, this, as has been shown by my dissected cases, would produce pressure posteriorly on the meninges at the cranio-vertebral junction, and, to judge from Kussmaul's case, it would be sufficient to account for the convulsions.

As already mentioned, dissection of the adult specimen proved the injury to be due to a forcible extension of the head thrusting the diverging condyles wedge-like between the atlantal lateral masses. It is natural to suppose that in the fœtus, as in the adult, forcible extension of the head would act similarly. There are two ways in which this movement in fœtal life might have been effected—1st, by the contraction of the muscles of the fœtus itself; 2nd, by the pressure of the uterus during parturition on an extended head, as in a face presentation. I believe that my two infant specimens are examples respectively of these two modes of production—that is to say, one of them had an intra-uterine origin and the other was produced at the time of birth. My reasons for these assertions are briefly these: In one of the two specimens there was an elongation of the odontoid sufficient to allow its tip to touch the basi-occipital and form an articulation there.[8] This growth must have taken place in utero, as the child was stillborn. Abnormal elongation of bone is a feature which I have learned to associate with congenital dislocation; as the vigorous vitality of the part in the semi-cartilaginous condition allows growth in any direction from which normal pressure is removed.[9] In this case, to give time for the abnormal growth the fracture-dislocation must have been produced at least a month before birth. In the other infantile case there was no abnormal growth; that is why, I imagine, the injury was produced at birth. Anyone who has studied the mechanism of delivery, unassisted, of a face presentation will have no scruples in admitting that this case was probably produced during parturition. In Dr. McVail's patient, whatever may have been the movement that brought on the convulsions primarily, all that was necessary to induce a fresh attack was to press the head firmly downwards. Such pressure is sufficient in an ordinary case to widen out the long axis of the oval ring of the atlas, as can be seen on dissection. This is due to the fact that the lateral masses of the atlas, which are slightly sickle-shaped, with the thin edge inwards, lie between the everted surfaces of the occipital condyles and axis, so that when these two are pressed together the

[4] Both these specimens have been previously described and figured in a paper "On Varieties of the Atlas," &c., in the Journal of Anatomy and Physiology, vol. xiv.

[5] A similar specimen is described by Luschka (Anatomie des Menschlichen Halses p. 37), who mentions that it is preserved in the collection of the district poorhouse at Frankenthal in the Rhenish palatinate.

[6] Op. cit.

[7] Dr. McVail gave the members of the Society a demonstration of these convulsions. He placed the patient in a chair and forced his head down by pressing with the open palm on the top of his head. Immediately the convulsive movements described commenced, but there was no loss of consciousness.

[8] This specimen is referred to in a paper on "Tertiary Occipital Condyle" in the Journal of Anatomy and Physiology, vol. xv., Oct. 1880.

[9] A fact noticed by me in a paper on "Anatomical Changes at Elbow induced by Dislocation of Head of Radius in Early Life." (Glasgow Medical Journal, July, 1880.)

atlantal masses are thrust outwards—something like the movement of the semilunar cartilages outwards and forwards in extension of the knee-joint. We can imagine how much greater in the atlas this movement would be in a case in which the fracture-dislocation existed, and how it would also be exaggerated in cases in which there was imperfect development of the atlas. *En passant*, the resemblance of the atlas to the semilunar cartilages which these facts call up also suggests another point of resemblance between them. It is that they each contribute somewhat to the elasticity of the skeleton in the erect posture by lessening the force of shocks transmitted upwards from the feet. This is all the more interesting in the case of the atlas, as intervertebral discs are absent in its immediate neighbourhood.

Lately I have been made acquainted with a custom that died out in this district about twenty years ago, and which makes me think that the injury formerly was known, in so far that the people then believed in the danger of allowing babies to throw their heads backwards. The custom consisted of giving support to the baby's head by a peculiar arrangement of the dress somewhat in this fashion. A broad band ("undercap") was placed round the child's head and firmly tied under the chin. From the knot under the chin a strap passed down the front of the chest and was fixed at the umbilicus to a binder round the body. The strap thus placed acted as a supporting stay to the head, and prevented backward movement beyond a point corresponding to the length of the strap. There must be something to account for this peculiar addition to the dress of infants in those times. Can it be that babies' necks were more frequently liable to injury then than now, and that the then comparative infrequency of instrumental interference at birth accounted for the greater prevalence of the injury to the atlas? Accoucheurs know that often, when the face presents, the descent of the head in the extended position puts such severe strain on the skin and muscles of the front of the neck as almost to produce rupture of them, and that the forceps diminishes this strain by lessening the need for the *vis a tergo*. In severe cases like these, when the forceps were not forthcoming, we can imagine how the severe injury might result. We can also understand how in such cases the ensuing weakness of the neck necessitated the invention of these peculiar strappings, that they were soon put on infants not needing them, and thus their application gradually became universal. This district is part of the great northern coalfield, and when one thinks over the accounts of the frequent malnutrition amongst British miners in the old days when their welfare was much neglected, it is not too much to assume that the atlas in the patient was often badly developed, thereby predisposing to the injury, whose prevalence would account for the odd fashion in the baby's dress of that date.

Summary.—1. The injury may be suspected to be present if an exaggerated degree of extension of the head is permitted (as in Guérin's case, and in my two infant specimens) and more especially if forcible extension of the head, or pressure on it from above, induces a species of epileptic fits (as in Kussmaul's case and also in McVail's). 2. Probably the fits are due to pressure on the cord at the level of the juncture of the head and spine. At any rate, examination of dissected specimens shows that when the condition of parts permits the head to be bent backwards on the spine more than normally, the osseous and ligamentous structures produce a "dimpling in" of the meninges behind sufficient to produce considerable narrowing of the canal at this level. 3. Anatomical defect of the atlas, or slenderness of its posterior arch, predisposes to the injury. 4. The fracture-dislocation is produced by the posteriorly diverging occipital condyles being driven wedge-like between the atlantal lateral masses. This wedge-like action of the combined condyles stretches out the long axis of the oval ring of the atlas, and tends to produce rupture between its lateral halves; but the transverse ligament keeps the strain off the anterior arch, so that only the posterior arch gives way (constituting the fracture), and then the wedge-like action of the condyles, continuing, forces the back ends of the lateral masses outwards from between the occiput and axis. Thus the production of dislocation closely follows the fracturing of the arch. 5. At birth the injury is most liable to be produced. Uterine contractions acting during parturition on an extended head (as in face presentations) presents mechanical arrangements from which such a result is highly probable.

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ON THE VESICATING PROPERTIES OF METHYL IODIDE.

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OUR list of efficient vesicants is but a scanty one. Practically we are almost entirely dependent on one agent of this kind, a fact which should make the mention of a new vesicant a matter of some interest. Such a body we possess in methyl iodide, CH_3I, which, it would appear to me, may be truly said to rival cantharides itself in its power of drawing serum from the skin. It is a volatile liquid, boiling at 44° C. (111° F.), and is colourless when quite pure. It does not appear to be used in medicine at the present day, but it was formerly applied locally in cancerous and other affections for supposed anæsthetic virtues.[1] When breathed by animals, the most characteristic effect produced is fatal engorgement of the bronchial tubes and a profuse flow of serum from the pulmonary mucous membrane.[2] Sir James Simpson, when engaged in his search for local and general anæsthetics, on one occasion breathed a small quantity of the vapour, and suffered severely from the effects.[3] He also ascertained that the vapour, when applied to the skin, caused intense redness, lasting for some days; but he makes no mention of vesication. It may seem strange that its blistering power should have escaped notice, but this is no doubt to be explained by the volatile nature of the body; when applied to the skin it rapidly evaporates, and unless means be taken to prevent this, the vesicating effect cannot be manifested.

I first demonstrated this property of methyl iodide on myself, by pressing the mouth of a bottle containing it firmly against the skin for fifteen minutes in such a manner that the liquid and the skin were brought freely into contact. The result was as follows. In a minute or two the application produced a tingling, burning, and biting sensation, suggesting the pricking of an immense number of minute needle-points. The painful feeling increased or diminished according as the bottle was pressed more or less firmly against the skin. It was decidedly acute, but by no means unbearable, and reached its maximum in a few minutes. On removing the bottle all pain instantly ceased, and there was but slight redness of the surface, the appearance not being very different from what might have been expected from the pressure of the bottle. After several hours, however, the surface became red; the first signs of vesication began to show themselves in twelve hours, and the process went on for twelve hours more, when the entire area which had been in contact with the liquid was raised in a blister containing as much serum as I had ever seen drawn by cantharides from the same extent of skin. The entire process, after the removal of the bottle from the part, was absolutely painless, but there was considerable itching some days afterwards while the part was in course of healing, and this was slower than in the case of cantharides. The serum was yellowish, but quite free from pus; the raised epidermis was somewhat opaque, and when incised was seen to be thickened, softened, and of a gelatinous appearance, while the cutis was more red and vascular than after cantharides. The sum total of the effects were greater and more prolonged than those of the latter blister, while the pain (as it appeared to me from a comparison of the two on my own skin) was somewhat less.

I at once began to use this vesicant for therapeutic purposes, and generally, but not invariably, found it as efficient in other cases as it had been on myself. I found, however, that patients sometimes complained of lancinating pains in the part for a day or two afterwards, so that the pain seemed not to be always limited to the time of application merely. I generally applied it on lint, moistened with the liquid, and kept in contact with the skin by the side or bottom of a flask or bottle, or, better, by a watch-glass of suitable size. Further experiments showed that the subsequent pain was lessened by avoiding undue pressure during the application, and by taking care, before using the liquid, to neutralise with a drop or two of soda solution any

[1] Stillé's Dispensatory, art. Methyl Iodide.
[2] B. W. Richardson. Quoted in Stillé's Dispensatory.
[3] Obst. Mem., vol. ii., p. 753, 1855.

free iodine that might have been formed in it by keeping.[4] I still found, however, that the pain was not thus prevented altogether in every case, but there was a great discrepancy between the statements of different patients on this point.

I next tried to confine the vapour by gummed paper applied over the lint, with a wide margin beyond the latter on all sides. The vapour, however, escaped too soon to allow of free vesication, but the effect was nevertheless remarkable, and extremely interesting. The application was again made on myself, and over a circular area about an inch and a half in diameter, exclusive of the additional margin of paper. The only sensation produced was one of gentle tickling, lasting only a few minutes, and so slight that I was by no means prepared for the effects which followed. In the course of twenty-four hours the part was raised considerably above the surrounding integument, was very red and vascular, and thickly studded over with small vesicles containing yellow but very clear serum. In addition to the vesicles, there were scattered here and there over the surface a few yellow purulent-looking spots, not larger than pin-heads, and quite flat on the top. The surface presented a rough feeling to the finger, and it was quite free from pain throughout, but the subsequent itching was intense. The part remained red for more than a week, and the entire effects were sufficient for many purposes for which counter-irritation is employed. Another trial was made with the thin soft leather with which druggists often cover stoppers, gummed in the same way, and this succeeded better. Fifteen minutes elapsed before the vapour entirely escaped. The application was but slightly painful, and considerable vesication resulted. Some forms of plaster were tried, but did not answer well.

From the trials I have already made I am disposed to conclude that this vesicant may prove of some practical value. Perhaps the chief objection to it lies in the trouble of its application, which, by any method I have yet tried, cannot well be left to the patient alone. It is also somewhat more liable than cantharides to cause ulceration of the cutis, although any effect of this kind I have seen has been slight, and generally confined to the part covered by the rim of the bottle or watch-glass. For this reason I have never applied the iodide on the face or neck. It is specially indicated when we wish to keep a blister open; by prolonging the application beyond the usual time we may easily produce a blister which will not heal spontaneously for several weeks, and I have employed it with advantage for this purpose. Generally speaking, it may be substituted for cantharides in any case where we wish to produce a profound local impression, or where strangury is dreaded. It is to be remembered, however, that the effect may be limited to any extent that seems desirable, even to mere rubefaction, by applying the agent for only a few minutes; the redness thus produced often lasts for a week or more, and is useful, as will be at once evident, for many purposes. It is not suitable in the case of children, owing to the greater pain at the outset, and hitherto I have confined its use to adults. From its greater local effects, I have blistered smaller surfaces with the iodide than is generally done with cantharides. The fact that, judging from the comparison made on myself, the pain caused by this blister is less severe than that following cantharides, while the local effects are otherwise greater, is an interesting one, while the great itching which frequently results from it is also remarkable. It is not unreasonable to suppose that there may be some specific difference in the derivative effects produced by the two agents.

It now occurred to me to try the effect of the iodide of ethyl on the skin. This body, C_2H_5I, is less volatile than the corresponding methyl compound, boiling at 72° C. (162° F.), and its use as an inhalation in asthma is familiar to the profession. It produced a similar smarting and burning sensation, but this was much less severe, and was only followed by redness and itching, which, however, lasted nearly a week. Iodides, higher in the same series, as those of butyl and amyl, were also tried, and found to cause smarting, but no after-effect.

It appeared that the action of the first two iodides mentioned—namely, those of methyl and ethyl—differed only in degree, but was essentially the same in kind, and the question arose whether this might not be due, at least in part, to their different degrees of volatility. The power of gases to penetrate membranes is well known, and when the tension of any confined vapour is considerable it will carry with it not only liquids, but even solids in a fine state of subdivision, through septa otherwise quite impervious to the latter. Volatility, therefore, must enable an agent to penetrate the skin more deeply than it otherwise could, and so apparently be an important coadjutor of the vesicating power.

To put this question to a practical test, I took a known irritant—viz., iodine—and proceeded to determine the effects of solutions of the same strength in the following liquids differing in their degrees of volatility: (1) Ethyl alcohol (Schering's absolute), boiling at 80° C.; (2) methyl alcohol, as pure as possible, boiling about 60° C.; (3) bisulphide of carbon, boiling at 48° C.; (4) ether, boiling at 35° C. These liquids were first tried on the skin by themselves for fifteen minutes, and none of them produced any irritation except the bisulphide; this body gave rise to redness and severe pain, but, to my surprise, this was followed by no after-effect of any kind. Seventy-five grains of iodine were now dissolved, with the help of iodide of potassium, in one ounce of alcohol (Churchill's strong tincture of iodine), and the same quantity in each of the other three liquids, and these solutions were then applied to the skin. It would occupy too much space to detail the results: suffice it to say that while the alcoholic solution gave rise to no pain in fifteen minutes, and was only followed by some redness and itching, the other three smarted severely, and produced free vesication; indeed, the pain of the ethereal solution was terrible, and became altogether unbearable in less than five minutes, when I was compelled to abandon the application. So far, therefore, experiment seemed to prove very conclusively that increased vapour tension rendered the action of the irritant much more energetic. Nevertheless, it seemed desirable to test the point with other agents than iodine, and I subsequently tried in a similar way carbolic acid, essential oil of mustard, acetic acid, and cantharides. The results were not so simple or uniform as in the former case, and it was evident that other principles came into operation and modified the influence of vapour tension. It would be impossible, without entering into details incompatible with the limits of the present paper, to give a satisfacfory idea of these, and I shall here content myself with saying that I was satisfied that the vapour tension was never without its influence, although in no case was the effect so striking as that I had obtained with iodine. This made it appear probable that the results with the latter were not altogether due to the different degrees of volatility of the respective solvents, but were perhaps to be partly accounted for by certain chemical reactions between the latter and the iodine. Chlorine, bromine, and iodine have similar chemical affinities, those of the last, however, being much the weakest of the three. Now, the first two both act on ether, and amongst the products formed in the case of bromine are hydrobromic acid and tribromaldehyde. Although I have not been able to find any definite statement with regard to the products of the action of iodine on ether, it seems not improbable that it may act, though slowly, in a similar way, for we know that hydriodic acid forms even in tincture of iodine.[5] If so, there may have been in my experiments effects due to hydriodic acid, iodaldehydes, or other compounds. At all events, an etherial solution of iodine is extremely irritating; if a bottle containing one-half or even one-fifth per cent. be uncorked, the eyes and nostrils of anyone in the apartment will almost instantly begin to smart. In the case of the methylic alcohol solution, again, it is very likely that some methyl iodide may have been formed, especially when it is remembered that the solution was made some time before it was applied. As far as I am aware, however, the energetic effect of a solution of iodine in bisulphide of carbon (or of a chloroformic solution, which was also found to be extremely irritating) cannot be explained by such chemical reactions.

The effect of vapour tension, as evidenced by the foregoing experiments, made it evident that I had hitherto been using methyl iodide at a great disadvantage, for it could only acquire considerable tension slowly by abstracting heat from the skin, whereas, if it were supplied with an external source of heat, it appeared certain that its action would be quickened. Accordingly, in subsequent cases I applied over the watch-glass an indiarubber bag containing water at 60° C. (140° F.), which I found could be comfortably borne by the skin. The vesicant began to smart sharply in a

[4] The iodide changes slowly in the course of time, and rapidly on exposure to light, iodine being set free.

[5] Watts' Dictionary of Chemistry, Third Supplement, part ii., p. 1092.

shorter space of time, and frequently vesication resulted after an application of ten and sometimes of only five minutes. The effect of ethyl iodide was also found to be enhanced by the aid of external heat, and slight vesication could be produced with it after fifteen minutes of contact.

Incidentally, I may mention a fact of another kind, of some interest in regard to theories of counter-irritation, which was observed in the course of the above experiments. On one occasion I applied methyl iodide within an inch or so of a small area which was red from the application of ethyl iodide the day before. The part became only red, without effusion of serum, but free vesication resulted over the area which had been previously congested by the ethyl. The same was observed on another occasion with one of the iodine solutions; slight vesication only resulted at the part, but a full blister formed on a small neighbouring area which had been reddened some days before, but which otherwise would not have gone further. A similar phenomenon was once observed in a patient. A circular methyl blister about two inches in diameter was applied within an inch or two of an equal area which had been blistered by cantharides a few days before. The methyl was almost a failure, but a free flow of serum ensued at the seat of the fly blister, a fact which was noticed by the patient's mother, who called my attention to it.

From the preceding statements it will have been observed that the iodides of both ethyl and methyl are more powerful agents than the strong tincture of iodine already mentioned, and which Dr. Churchill considered the best of all applications to the cervix uteri.[6] As distinguished from most other agents which are applied to the cervix or the interior of the uterus, iodine is characterised by its tendency to produce a serous instead of a plastic exudation, but in this respect it is much surpassed by its methyl and ethyl compounds. These circumstances point to the two latter bodies as peculiarly applicable where such effects of iodine are deemed desirable; and I have found the application of methyl iodide to the cervix have a remarkable effect in relieving pain in some forms of uterine disease. For milder effects and for application to the interior of the uterus the ethyl compound is an excellent agent. The effect of this body applied on a Playfair's probe to the fundus, and retained there one minute, is often remarkable. A few days afterwards the cervix has generally the soft feel and even the somewhat purplish tinge of the cervix of pregnancy. The cervical canal will frequently admit a sound which could not previously be passed; while pain is almost invariably relieved. But this is a subject requiring to be treated in some detail, and it must suffice merely to allude to it in the present communication.[7]

Partick, Glasgow.

FATAL CASE OF EQUINIA (FARCY).

BY T. W. HARROPP GARSTANG, M.R.C.S.

ON July 22nd, 1885, I was called in to see a man, thirty-six years of age, nearly 6 ft. high, broad in proportion, and very powerfully built. He was a farmer, and the champion swordsman in his troop of yeomanry. He had always enjoyed exceptionally good health. His symptoms were very vague; there was really nothing more than a complaint that he did not feel quite up to the mark. His tongue was slightly furred, and it appeared as though he had only caught a little ordinary cold. A mixture was prescribed containing bicarbonate of potash, spirits of nitrous ether, and acetate of ammonia solution. On the 25th, the tongue being cleaner, but the patient still appearing depressed, a mixture was given containing tincture of perchloride of iron, tincture of nux vomica, and infusion of quassia. On the 28th this was replaced by bicarbonate of soda and infusion of calumba. On the 31st the patient appeared convalescent.

On Aug. 6th I was called in again. The patient had been out and about the farm; but had been listless and uneasy, and said he thought he must have got a little fresh cold. His wife was more emphatic, and said that, whatever the cause might be, she was convinced he was gradually losing flesh and strength. There was a slight but perceptible yellow tinge in the skin; there was complaint of restlessness at night; some pain was felt at the pit of the stomach, an ill-defined pain in the left arm, and an uneasy sensation about the nose. Nitro-hydrochloric acid with calumba was given, and bromide of potassium at night. On the 10th the bromide was given with quinine. On the 11th there was a temperature of 102°, with increased pain over the stomach. I ordered the patient to bed, though quite at a loss for a diagnosis, wondering if it could be enteric fever. It was now mentioned for the first time that on July 14th he had been splashed on the right arm by a small quantity of discharge from the nostrils of a horse that had died of farcy; but considering the rarity of cases of infection from this source, and the apparent absence of local or specific symptoms, I attached no weight to this incident, which had occurred twenty-eight days previously. From this time, however, the patient began to complain of a persistent offensive tenacious discharge, which was felt to be in the nose, but was generally expelled from the mouth by coughing. On the 12th violent vomiting supervened, with great pain over the stomach and a foul tongue. The case then had just the appearance of simple acute gastritis, and an effervescing mixture of citrate of potash was given with hydrocyanic acid. On the 14th the vomiting was relieved and the pain had now moved to the right side, where it was most intense. The temperature was 101°, the respiration 40, and the pulse 100. On palpation, the liver was felt to be very hard and uniformly enlarged. The restlessness at nights now increased, and was very distressing. The temperature varied from 99° to 102°. From and after the 15th chloral and bromide were freely used to produce sleep at nights. On the 16th I diagnosed abscess of the liver, and on the 17th asked Dr. Morgan (physician to the Royal Infirmary, Manchester), to see the patient with me, which he did on the 18th. We agreed as to the abscess of the liver, and there was now a spot of apparent phlebitis in the calf of the right leg. We considered the case one of pyæmia. A more minute questioning as to the early history now elicited the fact that the discharge, which had fallen on the arm, had been immediately wiped off with a "wisp of grass," the skin being perfectly sound to the best of the patient's belief. On the following day there had been an eruption of some "small red spots" at the site, to which the patient applied some "precipitate ointment" he happened to have by him, and they, after showing "white heads," had disappeared in a day or two and had been no more thought of. The earliest symptom of illness was now remembered to have been a feeling of oppression in the chest; his chest, he said, "was as sore as if it had been hit with a hammer." At this date (18th) the jaundice was more marked; the liver was swollen, hard, and intensely tender; and the nasal discharge above mentioned was very troublesome. The final conclusion was therefore reluctantly arrived at that the case was one of inoculation by the specific poison of farcy. Three grains of quinine was ordered to be taken three times a day. During the next few days, severe diarrhœa set in, and a very large quantity of gelatinous matter was passed, presumably pus from the hepatic abscess, as all the symptoms referred to the liver were concurrently relieved to a great extent. For two or three days the patient appeared to improve, but a number of other painful inflammatory spots ("farcy buds") developed in various situations. The worst was at the metacarpo-phalangeal joint of the middle finger of the left hand, which was expected for several days to burst spontaneously, but it eventually subsided, and at the same time a large patch of erysipelatous inflammation commenced at the root of the nose, and involved the whole of the upper part of the face. This was rapidly followed by delirium, then by coma, and death occurred on Aug. 31st. On the 22nd the dose of quinine had been increased to four grains and a half; and on the 26th to six grains, and five minims of liquor arsen. hydrochlor. were added. On the 25th doses of one-twelfth of a grain of perchloride of mercury were given twice a day. The diet throughout was as abundant, nutritious, and stimulating as possible; and the appetite was good almost the whole time. There were, therefore, no unfavourable complications, and the patient had every chance. Nevertheless, the steady course of the disease was never for a moment arrested.

The following appear to be the points of great interest in

[6] Diseases of Women, fifth edition, pp. 217-18 and 307.

[7] Methyl iodide can only be obtained from some of the firms which deal in chemical reagents. What I have used lately was made in my own laboratory, and I have never found it change so much with keeping as to lose any of its efficacy. In using it, the operator should prevent it from coming into contact with his own hands, or troublesome itching will be the consequence.

this case, and I gratefully acknowledge the kindness of Dr. Morgan, who drew my attention specially to many of them. He says: "In the first place, it is reasonable to assume that the secretion from the nostrils of the horse, which (five days before constitutional symptoms supervened) was deposited on the inner surface of the patient's arm, made its way into the parts beneath, and inoculated the system. The man stated that there was no abrasion of the skin. Are we, then, to assume that the poison penetrated the intact epidermis, and afterwards affected the system (and some few such cases have been recorded), or was the skin excoriated by the wisp of grass used in wiping off the virus? In whatever manner the integument was entered, here doubtless the mischief commenced; yet it is a curious fact that *no pain or discomfort was ever felt in this arm;* the lymphatic glands in the limb remained altogether unaffected. When the constitutional symptoms did supervene, the most characteristic feature in the case was a sense of extreme discomfort experienced at the sternum, and a feeling (lasting nearly a fortnight) as though the chest were constricted in a vice." I have further to record this most interesting fact, that a farm labourer who underwent exactly the same risk of infection washed himself and escaped. In the above case there were never any rigors. The spleen was never positively felt to be enlarged. The nasal symptoms were present from the first. The abscess in the liver was apparently single. The disease might be roughly considered to have two stages; may we consider these as corresponding to the primary local and secondary constitutional stages of syphilis, for example? The site of infection never developed local symptoms. Death appeared to be immediately caused by extension to the brain of the inflammatory action commencing in the nose.

Knutsford.

CASE OF AN OCTOGENARIAN UPON WHOM HERNIOTOMY WAS TWICE SUCCESSFULLY PERFORMED.

BY THOMAS F. CHAVASSE,
SURGEON TO THE GENERAL HOSPITAL, BIRMINGHAM.

THE recuperative powers possessed by some advanced in years is exemplified by the following case.

Ann S——, aged eighty-two, a widow and washerwoman, was admitted into the General Hospital, Birmingham, on Aug. 17th, 1884, suffering from left strangulated femoral hernia. In the previous April she had been operated upon by my colleague, Mr. Pemberton, for a similar condition, and after a sojourn of eight weeks left the hospital wearing a truss. From that time up to the morning of the day of her second admission the woman had felt no inconvenience. The hernia then came down while straining at stool, and could not be returned by her own or her neighbours' efforts. At midday vomiting commenced, and at five o'clock in the afternoon she was brought to the hospital. Two hours later I found that the hernia was tense, irreducible, and devoid of impulse; the vomiting was constant, but not fæcal. Herniotomy was performed under chloroform, the skin incision being made a little internal to the old cicatrix. The sac was remarkably thin, and the intestine that presented itself was absolutely black. A very tight constriction existed at Gimbernat's ligament; this was divided and at the same time I also nicked Poupart's ligament. Reduction could then be readily effected. Being very doubtful of the advisability of returning into the abdominal cavity a portion of gut so very black, I decided to place it just inside the ring and to insert a large drainage-tube; this was done and the parts well washed with warm corrosive sublimate lotion (1 to 2000). The operation was performed on the bed in which the patient lay, and she was well wrapped up in blankets during its performance.

August 18th.—The patient vomited three times during the night, but the ejecta were not stercoraceous. The wound was dressed and the tube shortened. A grain of opium was administered occasionally, as a good deal of abdominal pain was complained of. The highest temperature and pulse records took place in the evening—viz., 100·5° and 98.—19th: Flatus was passed for the first time since the operation, and the drainage-tube was removed altogether.—21st: The bowels were opened of their own accord, and the external wound was nearly healed.—Sept. 1st: Patient able to get up, wearing an opposite-sided truss.

A year after the operation the woman presented herself for examination at my out-patient room, owing to the truss needing repairs. It was then found that the hernial protrusion was the size of a clenched fist, that it was readily reducible, and gave rise to no inconvenience when kept back by a truss. The patient obtains her livelihood as a charwoman, and wishes that she was younger in order that she could do more work and get more money.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

LONDON HOSPITAL.

CASES OF STRANGULATED HERNIA TREATED BY LIGATURE AND REMOVAL OF SAC AND OMENTUM.

(Under the care of Mr. WALTER RIVINGTON.)

THE subject of the treatment of the sac and wound after the operation for strangulated hernia (especially umbilical) has attracted considerable attention of late. Last week, at the meeting of the Clinical Society, cases of umbilical hernia were brought forward in which, after operation, the hernial sac was removed and the margins of the opening brought together with catgut sutures. In the discussion which followed, the weight of opinion was in favour of this method of treatment, and the cases which follow show the advantages of it. In THE LANCET of Feb. 28th, 1885, page 381, we published a case in which the edges of the aperture were pared and afterwards brought together, but if peritoneal surfaces are accurately approximated, it is hardly necessary to do this. There can be no doubt that the removal of the sac in these cases, and complete closure of the opening, shuts off the peritoneal cavity and removes what is probably the greatest source of danger in these cases—the entrance of septic or other material from the wound. This alone is a strong argument for its adoption where practicable, as it is in the majority of cases, especially when the strangulation is of recent date.

CASE 1. *Strangulated Right Femoral Hernia; Removal of Sac and Omentum; Recovery.*—J. S——, aged forty-five, braidworker, was admitted from the receiving-room for a large femoral hernia on the right side. The tumour was the size of a large orange, and irreducible. The patient was in severe pain all over the abdomen, vomiting frequently, and in a state of collapse. The hernia had first appeared twenty years ago, directly after the birth of her first child. Since then the size of the tumour had varied very much, sometimes being very large, and sometimes disappearing. The patient had always suffered more or less inconvenience from pain, which was often very severe. At Christmas last she was in the hospital with symptoms of strangulated hernia, suffering great agony, with constant vomiting and exhaustion. The hernia was reduced, and eventually she was sent out wearing a truss. On admission on the present occasion the rupture had been down for some days, and, taxis failing, an operation was performed on March 24th, 1885. After division of the superficial coverings, a thin-walled cyst which communicated with the sac was first opened, emitting serous fluid. The sac was then laid open, and Gimbernat's ligament notched through its neck. A knuckle of congested gut of a deep purple colour was reduced, and a considerable piece of omentum was removed. The sac was ligatured at the neck and cut away. The operation was performed under the carbolic spray, and the wound dressed with carbolic gauze. The bowels were opened the evening after the operation, and then were confined till the sixth day, after which they acted regularly. By April 1st the wound had nearly healed.

CASE 2. *Strangulated Right Femoral Hernia; Removal and Ligature of Sac; Recovery.*—S. B——, aged fifty-seven,

was admitted on April 28th, 1885, with a large tumour in the right groin. She had had a swelling there for four months; it had become larger during the last few days. For four days there had been vomiting on and off, and the bowels had been open but scantily. On admission the pulse was small and quick, and the temperature normal. There was a great deal of pain over the abdomen. The tumour was tense, devoid of impulse on coughing, and not dull on percussion. The house-surgeon, having tried taxis unsuccessfully, ordered an ice-bag to be applied. Mr. Rivington was sent for at 10 P.M., and operated. On opening the sac a large quantity of fluid escaped, and highly congested bowel was disclosed. After reduction of the intestine the sac was ligatured and removed, and a drainage-tube inserted in the wound.—April 29th: Patient very comfortable; pulse 112; no pain over the abdomen; bowels confined; no sickness; wound dressed; the dressings were stained with blood-tinged watery discharge; cough troublesome.—May 4th: Very little discharge; wound granulating; no pain.—June 3rd: Only a small superficial wound the size of a shilling, looking quite healthy. Sinus left leading down to the situation of the neck of the sac.—Aug. 5th: Sinus still open. The sinus healed after a good deal of delay, and the patient was discharged in September.

CASE 3.—*Strangulated Umbilical Hernia; Excision of Omentum and Sac; Recovery.*—L. R——, aged forty, a very stout woman, was admitted on April 30th, complaining of pain over the epigastrium and vomiting. On examination, a large umbilical hernia, about the size of a man's head, was seen. It was divided into two distinct portions, an upper one reducible by taxis, and a lower one much harder, covered by reddened skin, which adhered closely to the tumour. After reducing the upper protrusion, a distinct ring could be readily felt. The lower swelling was irreducible. The patient had had a hernia for four years; during the last three months it had become larger. She was taken ill on the Sunday previous to admission. The vomiting being frequent and becoming stercoraceous, Mr. Rivington was sent for, and, having tried taxis without effect, he resorted to herniotomy. The upper hernia having been reduced, an incision was made over the lower one, the sac was opened, and a darkly congested knuckle of bowel discovered, surrounded by abundant omentum, which was adherent to the sac. The bowel having been returned, the omentum was separated and split into two halves, and each half being then tied and cut off, the stumps were returned into the peritoneal cavity; the sac was separated, tied at the neck and cut off, and the opening stitched. The operation was performed with antiseptic precautions, and the wound was dressed with carbolic oil, lint, gauze, and cotton-wool. The patient did not take ether well, the breathing becoming very bad and the face very blue at times.—May 1st: bowels opened; temperature after the operation 102°, to-day normal; pulse 108; wound dressed.—3rd: Wound dressed; pain in abdomen; bowels opened eight times in twenty-four hours; temperature 102°.—4th: Temperature 100°; pulse 88; still pain; Leiter's tubes applied.—7th: Temperature subnormal.—8th: Temperature normal; stitches removed; antiseptics abandoned; wound strapped; breathing oppressed.—13th: Temperature 101·5° and 102°.—14th: Cough and crepitation; attack of capillary bronchitis.—16th: Patient seen by Dr. Warner in consultation.—18th: Better; breathing easier.—21st: Up for three hours yesterday; much better; upper part of wound healing rapidly. The ligatures came away on the 25th and 28th. The wound was dressed with zinc ointment and gradually healed.

CASE 4. *Right Femoral Hernia; Removal of Sac and Omentum; Recovery.*—Wm. S——, aged thirty-four, telegraph instrument maker, came into the receiving-room on March 27th, 1885, complaining of a swelling in his right groin. The swelling was found to be about the size of a Tangerine orange, and to be situated immediately below Poupart's ligament, outside and below the spine of the pubes. There was no history of any previous swelling or of any strain or exertion that could have originated the swelling. Mr. Proctor Hutchinson, the house-surgeon, tried the taxis; and the notes of the case state that part of it was reduced. The patient was sent to bed, and an ice-bag was placed over the tumour. There was no sickness or any other symptom of strangulation. Mr. Rivington recommended the patient to undergo an operation for the removal of the rupture. On the 7th of April the operation was performed under the spray. The sac was found to be very thin—so thin, indeed, as scarcely to be distinguishable. On opening it, omentum only was discovered. The omentum was removed, and the sac was ligatured at the neck and cut away. The patient passed a restless night and suffered considerable pain in the abdomen, which he attributed to the tightness of the bandage; but it was mainly due to flatulence. The wound was redressed on the 10th, and looked well; it was dressed again on the 11th. There was no pus, and the wound was closed up to the drainage-tube. On the 13th the stitches and tube were removed; and on the following day the carbolic dressings were abandoned, and the wound powdered with iodoform. On the 21st he was ordered to have a truss, and was discharged.

CASE 5. *Strangulated Umbilical Hernia; Removal of Omentum and Sac.*—M. A. W——, aged seventy, was admitted on Oct. 5th, suffering from a strangulated umbilical hernia. The tumour was of a peculiar shape: conical, lobulated, and constricted, and the abdominal parietes, being weak, were bulged out by the intestines at each side of the umbilicus. The surface of the hernia was of a purplish red colour, and the sac was very thinly covered by adherent integument. The rupture had come down four hours and a half before admission. The patient had previously been able to reduce it, but was unable to do so on the present occasion. The bowels had been open the same afternoon. She had been sick ten times before admission, and vomited twice soon afterwards; the vomit was thick and yellow, sour-smelling, but not fæcal. There was no impulse in the tumour, and it was dull on percussion. The patient had been troubled with the rupture fifteen years, and had been twice previously in the hospital this year in consequence of its becoming strangulated. On both occasions it was reduced by the taxis. Mr. Openshaw, the house-surgeon, having tried the taxis for some time, and being unable to make any impression on the hernia, sent for Mr. Rivington, who arrived at 2 A.M. on the 6th. The patient was taken to the operating theatre and placed under an anæsthetic. Taxis not succeeding, an incision was made over the upper part of the base of the hernia. The sac was opened by a small incision, and an attempt made to push back the intestine, which was found with the finger in the centre of a mass of omentum. As the ring was small the attempt did not succeed, and therefore it was necessary to open the sac freely and expose the intestine by displacing the omentum. The intestine was reduced; the omentum was separated from the sac, ligatured at the neck, and removed. The sac was separated from the skin, divided up to the ring, ligatured in two halves, and removed. The greater part of the thin loose bag of skin was cut away. The operation was performed under the spray, and the small cavity left was dressed with lint soaked in carbolic oil, gauze, and cotton-wool.—6th (mid-day): The patient was better, and had not vomited since the operation. Pulse full, 84; bowels not open; vomited twice in the afternoon and evening. Temperature normal.—7th: Pulse full, 88; respiration 26; temperature 100°. Sick twice since 9 P.M. last evening. Some pain (flatulence) to the left of the umbilicus.—8th, 9th, and 10th: Going on very well; not sick; takes milk. Temperature not over 99°. Sleeps well; no tenderness on pressure over abdomen; bowels not yet open.

Remarks by Mr. RIVINGTON.—Prior to the general acceptance of antiseptic methods of treating wounds the operations for the radical cure of hernia were regarded as too dangerous and uncertain to be often practised. In cases of strangulated hernia, opening the sac was considered to increase the risk of the operation. On this point opinion has entirely changed. It is generally recognised that it is the condition of the strangulated intestine which determines the mortality, and that it makes little difference to the issue of a case (except perhaps in regard to umbilical hernia) whether the sac be opened or not. Hence the ground of controversy has shifted from the question of opening the sac, which excited so much discussion among surgeons of the last generation, to the question of the advisability of dealing more completely with cases of strangulated hernia, and, after relieving the stricture, proceeding to adopt measures to prevent the recurrence of the hernia. These measures differ in detail in the hands of different surgeons. Some remove the sac without ligaturing; some ligature it without removing it; some ligature it first and remove it afterwards. Omentum may be returned, or ligatured *en masse* and removed, or removed first, and each bleeding vessel may then be twisted or tied. Some think it unnecessary to suture the rings through which the hernia descended; others deem this step essential; and the material used may be different

and treated differently after operation—catgut, silk, wire, kangaroo or ox tendon being left in the wound altogether or subsequently removed, as the surgeon elects. It cannot be said that the removal of sac or omentum adds appreciably in itself to the risk of an operation for strangulated hernia. It may prolong an operation and so occasionally be inexpedient, or the surgeon may think it of little value as a protection against further descent of bowel or omentum and so reject it; or he may have been in the habit of operating in the old fashion, and be too conservative to turn aside from the beaten path. In my own opinion, the adoption of measures to prevent recurrence of a rupture or the performance of the radical or semi-radical cure in operations for strangulated hernia is a distinct advance on the old method. It has the advantage of taking away an extraneous substance from the part, of allowing the patient to adjust a truss more comfortably, and of lessening, if not abolishing, the risk of recurrence. On the other hand, it should not be practised where the state of the bowel is at all doubtful, or if, in the opinion of the surgeon, it would increase the danger to the case, or if it would injuriously prolong an operation. Wherever risk is increased by an unusual procedure, the consent of the patient ought to be previously obtained after full explanation. I am strongly inclined to believe that in umbilical hernia, if the sac has to be opened, the risk to the patient is decidedly lessened by excising it after reduction of the protruding bowel, as well as by removal of all adherent omentum. The after advantages to the patient are conspicuous. If the sac is opened, the stricture relieved, and the sac and omentum left, there is a serous cavity communicating with the peritoneum in which putrefactive processes may readily occur and spread. Possibly this may have been the cause of the considerable mortality after operations for the relief of umbilical hernia. At all events, surgeons have been imbued with a dislike to interfere with these cases, and prefer exhausting every resource before operating. Doubtless a large number of cases of umbilical hernia are reduced by taxis, but a considerable proportion remains for operation, and of these many may die. This being so, I think there is every reason for departing from the old groove, more especially as confidence has been infused, whether rightly or wrongly, by antiseptic methods. The reason why I have not sooner been able to bring forward cases of umbilical hernia treated in this way is that the other cases have mostly been reduced by taxis. The foregoing comprise all my recent cases of hernia. It will be observed that in the cases of femoral hernia I merely removed the sac and contained omentum, and did not suture the crural ring. I do not know that I have very much faith in the efficacy of straining the pubic portion of the fascia lata and Poupart's and Gimbernat's ligaments by inserting and tightening a wire or any other ligature, and at present I think a sufficient barrier is created by the amalgamation of the stump of the sac and the stump of omentum which are left just inside the crural ring.

AYR COUNTY HOSPITAL.

SURGICAL CASES; REMARKS.

(Under the care of Dr. W. J. NAISMITH.)

FOR the notes of the following cases we are indebted to Dr. Haughton Mitchell, house-surgeon.

CASE 1. *Compound Dislocation of Elbow: Use of Limb in Fourteen Days.*—A. N——, a cab-driver, thirty-three years of age, robust, and of fairly temperate habits, was admitted to Muirkirk ward on March 15th, having been thrown from the box of his cab to the ground by the sudden falling of his horse. He states that, in addition to the injured elbow coming into violent contact with the ground, it was also kicked by the horse after falling.

On admission much pain was complained of, and it was found, from the condition of his sleeve and of certain bandages which had been temporarily applied, that there had been considerable loss of blood. There was complete backward dislocation of the right forearm, the appearances being characteristic; and there was a longitudinal wound of an inch in length on the inner side of the limb, which communicated with the joint, and through which the inner humeral condyle protruded. Under an anæsthetic the dislocation was easily reduced, and the wound dressed with Listerian precautions—that is to say, with the employment of carbolic spray, syringing thoroughly with carbolic solution (1 to 40), protective layers of gauze, jaconet and gauze bandages, all of which are here particularly indicated, as the term "Listerian precautions" seems capable of defining endless varieties of procedure in an antiseptic direction. The limb was placed in a moulded poroplastic rectangular splint, supported by a sling, and the patient ordered strict confinement to bed. Temperature 99·6°; pulse 84. Ordered a solution of one drachm of hydrochlorate of morphia to soothe pain.

March 16th.—Had a fair night; some vomiting at 4 A.M., which was arrested by ice and five grains of ingluvin.

17th.—Temperature 98·2°; pulse 70. Ordered an aperient for some abdominal discomfort.

There being no rise of pulse or temperature, the elbow was not dressed till March 28th—that is, till the thirteenth day—when it was completely healed. There was some stiffness of the joint, for which passive motion was ordered. The man left the hospital on the 30th, and was observed driving his cab next day—a fortnight after receipt of his injury.

CASE 2. *Fracture of Patella; Wound of Knee-joint; Septicæmia; Amputation; Recovery.*—H. H——, aged thirty-eight, a powerful muscular miner, of irregular habits, fell down a staircase while drunk, and, though with a manifestly injured limb, was kept in his house for three days without surgical attention. He was then (March 2nd) admitted to Oswald ward, when it was found that the left patella was centrally and transversely fractured, there being about two inches and a quarter of fragmentary separation, and that on the outer side of the joint, which was distended, hot, and painful, there was a punctured transverse wound, half an inch long, from which bloody serum oozed, which communicated directly with the joint, but was unconnected with the fracture. There had been no rigors, sweating, or vomiting; tongue clean; bowels regular; pulse 96; temperature 101·2°.

Under an anæsthetic and Listerian precautions the wound was enlarged, a counter-opening made on the inner aspect of the joint, and the cavity thoroughly emptied of quantities of sero-pus and decomposing blood-clots by being syringed out with a 3 per cent. carbolic solution. Drainage was established by a large-sized indiarubber tube, and, being dressed in the antiseptic manner indicated, the limb was placed in a straight McIntyre splint and slightly elevated at its extremity. Nothing was attempted with the fragments of the broken patella. Ordered one drachm of a solution of hydrochlorate of morphia at night to allay pain.

March 4th.—A good night. Morning temperature, 100·3°; evening, 102°.

6th.—Morning temperature fell to 99°; evening, 101°. Pulse 96, and of good strength. Taking nourishment freely, and pain diminished. There was a constant and abundant purulent discharge from the joint, which was dressed daily, and which it appeared hopeless to render aseptic.

The temperature continued to exhibit evening rise with morning fall, the limits being 99° and 103·2° till the 20th, when, with the occurrence of rigors and sweating, it rose to 104°; pulse 112. Diffuse suppuration of the intermuscular planes of the thigh supervened; the breath became suspicious; and amputation was at length acquiesced in, the patient having refused previously to entertain the proposition.

25th.—The limb was amputated at the junction of the middle and lower thirds of the thigh by a long anterior flap (Spence's modification of Teale's method); the intermuscular abscesses thus laid open were carefully syringed out with carbolised lotion, and efficient drainage was established for a discharge, which continued abundant for at least ten days after the operation. The temperature gained normality on the sixth day. There was no further recurrence of rigors; a troublesome diarrhœa which had latterly asserted itself disappeared; and, though exhibiting for a few days a condition of such grave prostration as to necessitate free stimulation and to render a prospect of recovery very doubtful, the patient ultimately did well, and was discharged on May 10th.

Remarks by Dr. NAISMITH.—Considering its history prior to admission, with the consequent thoroughly septic condition of the joint, primary amputation seemed certainly the best solution of the difficulty, and it was on the patient's own responsibility that the attempt was made to save the limb, as above recorded. Under the unfavourable circumstances, any operation with a view to the apposition of the patellar fragments was out of the question, especially as their pronounced separation, with a condition of unusual muscularity of thigh, must have rendered division of the quadriceps extensor tendon a complicating necessity.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

Sarcoma of Skull.—Bacilli in Rhinoscleroma.—Ulceration of Gall Stones causing Pyloric Obstruction.—Cysticerci of Brain.—Lympho-sarcoma of Tonsil.—Sarcoma of Tonsil.—Littré's Operation.—Broad Ligament Cyst.

THE first ordinary meeting of the session took place on Tuesday last, Dr. J. S. Bristowe, F.R.S., President, in the chair. A copy of the new volume of the Transactions was handed round for inspection, and the President referred to the debate on Intracranial Tumours which is to take place in the early part of the new year. Dr. Bruce, of Edinburgh, exhibited some remarkable specimens of thin sections of the entire viscera.

Dr. DICKINSON read notes of a case of Sarcoma of the Skull. The disease began in a boy aged twelve, in March, 1884, with tenderness to left of vertex of head, and soon after a lump appeared there. He complained frequently of pains in his limbs. Later, a swelling appeared on the right side of the head. Nine weeks before admission, the patient lost the sight of both eyes intermittently. On admission, there was some exophthalmos with enlarged frontal veins, and several lumps of soft consistence scattered over the scalp; there was another lump over the middle of the sternum. Mr. Adams Frost diagnosed a soft, non-pulsating intraorbital growth in the left side, but without optic neuritis. Vomiting, headache, insomnia, irregular pulse, drowsiness, and delirium were the remaining symptoms. At the autopsy the head was fearfully distorted in shape from the tumours, and a fluctuating swelling was noted over the right tibia near the knee, which was found to be suppurative. The new growth was soft and livid in colour, and was situate beneath the pericranium; it filled the superior longitudinal sinus. The growth was a small, round-celled sarcoma.—Dr. NORMAN MOORE had seen a case in which there was the same protrusion of the eyes, but with sloughing of the cornea; usually the age at which these growths occurred was younger.—Dr. DICKINSON said that there was a secondary growth in the lung.—Mr. B. JESSETT remarked on the absence of cerebral symptoms in cases both in the adult and child, and referred to a case that he had published last year.—Mr. R. WILLIAMS made some remarks on the mode of spreading of such tumours; and Dr. DICKINSON, in reply to him, said, that there were several separate points of growth when the case was first seen.

Dr. F. PAYNE showed specimens of Bacilli of Rhinoscleroma which were detected in the growth from the case shown by him and Dr. F. Semon last session. Both he and Cornil had failed to detect micro-organisms at first. This was probably due to the minute size of the bacilli, and to the long immersion in staining fluids which was required. The sections were left one and a half to two days in methyl violet and decolourised by Gram's solution. In reply to Dr. Thin, he stated that some bacilli were within the cells and others were not.

Dr. HALE WHITE exhibited a specimen of Fatal Pyloric Obstruction from thickening of pylorus due to irritation of gall-stones discharged into the stomach, which was taken from the body of a woman who had died in Guy's Hospital with all the symptoms of pyloric obstruction. At the post-mortem examination the gall-bladder was found to be full of gall-stones; it was adherent to the pylorus, which was so much thickened that it had caused pyloric obstruction. The cystic, common, and hepatic ducts were normal. There was an opening on the inner surface of the stomach at its junction with the duodenum. This led by a sinus into a sac about the size of a large pea, situated in the thickness of the pylorus; this sac contained several minute gall-stones. The anterior end of the thickened gall-bladder was adherent to the pylorus opposite this sac. The history of the case appeared to be that some gall-stones had ulcerated from the gall-bladder and had formed a sac for themselves in the thickness of the pylorus. The communication between the gall-bladder and the sac subsequently became closed, and the gall-stones formed a sinus opening into the stomach. The irritation of this process had set up the thickening of the pylorus, which the microscope showed to be due to hyperplasia of the fibrous tissue and increase of the muscular coat. The gall-stones in the sac were very minute. This cause of thickening of the pylorus leading to pyloric obstruction was very rare, probably unique. All the other parts of the body were healthy.—Dr. NORMAN MOORE referred to two cases. In the first case violent vomiting preceded death by a few hours; the common duct had become adherent to the duodenal wall, and had ulcerated through into the duodenum; there was no jaundice. A man, aged sixty, was the second case; there was no jaundice till just before death; gall-stones had ulcerated from the neck of the gall-bladder into the substance of the liver, where an abscess had formed.—Dr. BRISTOWE mentioned a case in which there was a large amount of solid inflammatory thickening. It was that of a woman who had had chronic jaundice. A nodulated tumour was felt in the cæcal region, and this softened in one place, from which matter and biliary gravel came away. There was no fever.

Dr. GULLIVER showed a case of Cysticerci of the Brain. The patient was a woman who had suffered from ascites due to cirrhosis of the liver. There were many fits of an epileptiform character, which led to death in ten to twelve hours. The meninges were congested; a cysticercus was seen in the pons, and then as many as fifteen others were found in the grey matter of the convolutions and one in the pia mater. The muscles and subcutaneous tissue were imperfectly examined. Many cases had been reported in Germany. The cysticerci occurred in muscles most frequently, next in the brain and subconjunctival tissues. They were sometimes the cause of fatal epilepsy or intermittent fits, and sometimes of hæmorrhage into the brain.—Dr. HALE WHITE said it was strange that cysticerci should be so common in the brains of sheep and so rare in man.—Dr. S. WILKS thought the case a rare one. He had seen but one case of well-marked cysticerci of the brain.

Mr. A. E. BARKER showed specimens of Primary Lympho-sarcoma of the Tonsil taken from a lady aged seventy-four. The disease was first seen in March, 1884, and had begun with a sensation of uneasiness in the throat in the previous November. The right tonsil was enlarged, hard, not tender, and marked with deep sulci, and the concatenate glands were enlarged. The enlarged tonsil was perfectly shelled out, and the glands were also removed. It was a typical lympho-sarcoma. A nodule at the base of the tongue was detected and removed at the operation. A recurrence took place on the opposite side of the throat, and in the lymphatic glands of the opposite side. Death took place in July. Primary lymphosarcoma, he thought, must be a very rare disease; yet two cases had occurred since then at University College Hospital. In his second case there was less of the lymphoid structure. It was that of an old man aged seventy; the right side was diseased, and had caused obstruction of the fauces. It was attended, however, with a better result, as there was still no evidence of recurrence.

Mr. BILTON POLLARD showed a specimen and microscopical sections of a Sarcoma of the Tonsil, which had been removed by Mr. Marcus Beck at University College Hospital. The patient was seventy-two years of age, and had enjoyed good health until three months before admission, when he began to suffer from difficulty in respiration, and he discovered a small swelling, about the size of a marble, on the right tonsil. On admission the growth was about the size of a large walnut, and caused a little external swelling in the region of the tonsil; it interfered considerably with breathing. The growth was movable, and was easily shelled out with the finger after an incision had been made over it. The tumour was encapsuled. Microscopical sections showed it to be composed of small round cells, closely packed together and lying in a homogeneous matrix. In the fibrous tissue which formed the capsule there were bundles of transversely striated muscular fibres, and within the substance of the growth, at some distance from the surface and completely surrounded by sarcomatous tissue, there were similar bundles of muscular tissue. It was well known that the cells of sarcomata infiltrated the tissues beyond their capsule, but it was worthy of note that such growths might implicate the surrounding tissues and absorb them into their substance, and yet remain encapsuled. This was comparable to the expansion of bone by new growths. Four months have elapsed without recurrence of the tumour.—Mr. H. T. BUTLIN considered that surgical treatment was hopeless in cases of malignant disease of the tonsil, for recurrence always took place. Four or five years ago he had collected eleven or twelve cases of lympho-sarcoma, and he concluded that the disease was not really uncommon

He had seen some four or five cases recently; the last one Mr. Thomas Smith removed with the écraseur, with a palliative object. He considered that these tumours were not primary, but really were nothing more than portions of disseminated lympho-sarcoma, the first large tumours of which occurred in the tonsil.—Dr. F. SEMON said that a few years ago a text-book gave the number of recorded cases of epitheliomata as nine, and sarcomata as less numerous still. He ventured to assert that the number of malignant growths of the tonsil would be found to be far greater than was supposed. No less than twelve cases of malignant disease had been reported during the last year alone. Treatment was hopeless.—Mr. GOLDING BIRD also concurred in Mr. Butlin's views.—Mr. R. WILLIAMS said that malignant disease of the tonsil was as common as malignant disease of the larynx.

Mr. MANSELL MOULLIN showed the Bladder and Rectum of a case of Imperforate Anus. The colon was opened in the groin, and two deep sutures were used to unite it to the skin. The child made a perfect recovery, and was cured of its malformation. The fæces came out through the urethra at long intervals. There was a long narrow channel that opened into the prostatic portion of the urethra, above which was a largely dilated sac. A prolapse developed at the site of the artificial anus, and formed eventually a gigantic two-horned area of mucous membrane. It was the common form of malformation in which the opening of the rectum took place into the prostatic urethra. Littré's operation was not common, and did not often succeed. The child died at the end of six months simply from asthenia.—Mr. BERNARD PITTS had operated for a similar condition, and the child died from exhaustion fourteen days later. There were suppurative surgical kidneys. In another case a similar renal condition was found, and the child lived about the same time.—In reply, Mr. MANSELL MOULLIN said the kidneys in his case were perfectly sound.

Mr. ALBAN DORAN exhibited a Fallopian Tube and Broad Ligament, formerly attached to a large Multilocular Ovarian Cyst. Between the two layers of the broad ligament was an oval thin-walled cyst, half an inch in diameter. Under the broad ligament, along its line of reflection over the Fallopian tube, was a similar but smaller cyst. These two cysts were evidently identical in their origin, which was from the connective tissue in the broad ligament. Large thin-walled cysts were common below the tube, whilst above it they were practically unknown. There were very plain reasons why cysts above the tube did not grow large. The connective tissue beneath the broad ligament along the upper border of the tube was relatively dense and scanty, and the blood-supply was limited; the reverse was the case below the tube. For similar reasons cysts under the serous coat of the small intestine remained small, whilst omental and mesenteric cysts often obtained large proportions. There was little evidence that broad ligament cysts above the tube ever grew large, yet such might have been the case in some recorded cases of pelvic cysts with abnormal peritoneal relations. The unusual relation of the tube to the cyst would then be a source of confusion, and therefore, of possible misinterpretation. The identity of broad ligament cysts above and below the tube was evident, and from this it followed that those below could not be invariably, if even as a rule, parovarian. Mr. Doran briefly referred to other arguments which he had brought forward in previous communications to the Society in favour of the frequently nonparovarian origin of the thin-walled simple broad ligament cyst.

Dr. SAVAGE showed the Kidney and Bladder from a case of General Paralysis of the Insane, in which the patient passed during life a considerable quantity of bright red blood from the urethra. The organs shown were intensely hyperæmic.—Mr. V. HORSLEY said that he had observed hæmaturia of the same kind in a woman who had a tumour pressing on the cervical enlargement of the spinal cord.—In reply to Mr. Lockwood both the previous speakers denied the existence of stricture of the urethra.

The following card specimens were shown:—Mr. H. A. Lediard (Carlisle): (1) Primary Sarcoma of Lymphatic Glands; (2) Intercondyloid Fracture of Femur; (3) Microscopical specimens of Black Tongue. Mr. Shattock: Congenital absence of Fibula. Mr. C. B. Lockwood: Heart with Band uniting Vena-cava Superior to Left Auricle. Mr. J. H. Morgan: Granuloma of Upper Lip following a Dog-bite, and growing to a large size in the course of a fortnight. Mr. Golding Bird: A recent specimen of Aneurysm strictly limited to the Profunda Artery.

MEDICAL SOCIETY OF LONDON.

President's Address.—Syphilitic Disease of Brain.

THE first ordinary meeting of the session of this Society was held on Monday last, Dr. W. M. Ord, President, in the chair. There was a very numerous attendance, and many distinguished members of the profession were present.

The PRESIDENT read his address, at the outset of which he stated that a discussion on the "Clinical Value of the Deep Reflexes" would be opened by Dr. W. R. Gowers on Nov. 2nd. A brief obituary notice of the most eminent Fellows of the Society who had passed away during the year occupied a considerable portion of the first part of the address, which was, however, chiefly concerned with a discussion and suggestions on the process of fever. He said that the increased heat of the body in fever was to him a very constant stimulant of thought. By some it was regarded as an increased combustion; by others as an increased detention or diminished elimination of heat. He had been much struck with a paper by Dr. Burdon Sanderson on the Process of Fever, and ever since his study of that paper he had been unable to accept in its entirety the simple theory of increased combustion of tissues. There was in fever increased exhalation of carbonic acid and increased excretion of urea, but after calculation these did not represent sources of heat sufficient to cause the increased temperature of the body. The well-conducted observations of Leyden and Liebermeister tended to show that heat far from being retained, was discharged in larger quantities during fever than in health. And it was well known that intense hyperpyrexia constantly coexisted with profuse sweating, involving the freest possible discharge of heat from the surface of the body, as in severe cases of acute rheumatism. Dr. Ord illustrated his argument in favour of a nervous hypothesis of pyrexia by the comparison of a metal basin in which water is made to boil. Is it possible that the increased heat of fever may be brought about by the cessation of processes in which heat ought to be used up, either as motion, chemical action, or other kind of energy, so that the process which may be represented by the boiling water ceasing to exist, like the water when boiled away, the heat generated for the maintenance of the process overflows and warms the body to excess, like the metal basin from which the water has evaporated. Is the increment of the heat of the body in fever due not only to combustion or other allied process of disintegration, but also to the persistence in the form of heat of the energy which should have taken another form? This appeared to him in a high degree probable. Disintegration of tissues is clearly attended by the liberation of heat. The integration of tissue is necessarily attended with the consumption or disappearance of heat which assumes some other form of kinetic or potential energy. There was here presented to him the contrast of evaporation and condensation between solution and crystallisation. Dr. Ord adduced investigations from the vegetable kingdom to show that during active growth or integration heat disappeared. He made exact experiments on cucumbers and bananas, taking care to avoid damaging influences in the environment. His observations, so far as they went, go to show that where growth is most active there the temperature is lowered, and the difference in temperature was found to vary at different parts of growing fruits—facts which point to the diminished production of heat being due to its disappearance as the result of integration of tissue, and not to evaporation.

Dr. BROADBENT, in proposing a vote of thanks, said that Dr. Ord had presented material for thought of the highest kind. The explanation offered was one of those flashes of insight which at once lights up the whole subject, and required no more proof than did a poem. For himself he accepted this doctrine of the diversion of energy resulting from the cessation of integration of complex chemical molecules.—Dr. HARE seconded the vote of thanks.

Dr. BROADBENT read a paper on examples of Syphilitic Disease of the Brain and Nervous System. He said that they presented interesting problems in diagnosis, and reproduced in man the experiments on animals. Syphilis gave rise to diffuse and localised inflammations of any portion of the brain and spinal cord. It produced thrombosis in vessels where emboli were not liable to lodge. Besides these diffused changes, it gave rise to gummata. Brief histories and accounts were then given of several cases of syphilitic brain disease. In one case seen in 1872 there were headache, paresis, and

mental defect, which improved under anti-syphilitic treatment. This case frequently came again under observation with recurrent nodes on the tibiæ and femora. In another case spinal meningitis was present in 1866; the next year, violent convulsions followed by facial palsy and mental exultation, from which the patient partly recovered under treatment. One case in which convulsions, pyrexia, headache, and vomiting, with squint, were the prominent symptoms, recovered completely after treatment. The case of a governess, aged thirty, was given in some detail. This case ultimately proved fatal after a series of years, in which epileptiform convulsions, headache, and ocular paralysis, involving the third first, and later the sixth; the left seventh nerve also, with occipital headache and tenderness. Each time some improvement followed the employment of iodide, but epileptiform seizures recurred at intervals, with strange ideas and fancies, and finally loss of power of walking. After death it was ascertained that, though single, she had had a miscarriage or a childbirth. There was a gumma in the right crus cerebri, with softening here and in the pons. Hæmorrhage, which had penetrated the lateral ventricles, was also found to have occurred from the cerebral peduncle. Another case of thrombosis of the middle cerebral artery was also mentioned; and yet another, in which mental symptoms closely simulating those of general paralysis were the most marked features. In another case there was clonic spasm of the sound fore limb during walking, and tonic spasm of the paralysed limb during waking hours. Both tonic and clonic spasms disappeared during sleep. The last case referred to was that of a lady who had had "rheumatic" pains with paresis of right external rectus, anginoid pain, and proptosis from blockage of the ophthalmic vein.

OPHTHALMOLOGICAL SOCIETY.

Coloboma of Eyelids.—Optic Nerves after Railway Collision.—Pigmentation from Aniline Dye.—Tubercle of Choroid.—Peritomy for Granular Lids and Pannus Corneæ.—Orbital Cellulitis.—Intra-capsular Injection of Water for Cataract Extraction.

THE first ordinary meeting of the new session of this Society was held on the 15th inst., Mr. Sympson, Vice-president, in the chair. The announcement was made of the appointment of Dr. Argyll Robertson as vice-president, of Mr. Stanford Morton as a member of Council, and of Mr. Adams Frost as librarian. A copy of the new volume of the Society's Transactions was placed before the meeting.

Mr. LANG showed a case of Double Coloboma of the Right Upper Lid in a boy aged twelve, One fissure was in the centre of the lid, and the other was one centimetre to its inner side. The piece of lid which intervened between the fissure contained normal lashes and Meibomian glands. The cornea had suffered somewhat before the patient was operated on. The closure of the fissures restored the lid to almost the normal condition.

Mr. BRUDENELL CARTER showed a case of Damage to the Optic Nerves ten years after a railway collision, which happened in January, 1876. The condition then was the the same as at present. There was amblyopia, with loss of accommodation, and decided diminution of the vessels of the disc, especially of the arteries. Palior of the surface of the disc was a noteworthy sign. The patient had lost colour sense. He possessed about one-fifth of normal vision when hypermetropia of 2 D was corrected. He was one of Gillow's decorators, and could hardly distinguish different shades of colours. The second case shown was one of persistent remains of the hyaloid vessels, which had been described by another ophthalmologist as a morbid flocculus in the vitreous humour.

Mr. J. G. MACKINLAY showed a living specimen of Intense Pigmentation of the Cornea and Conjunctiva from a brown aniline dye. The patient was a man aged forty-four, who had been employed in aniline dye works for seven years, working ten hours and a half daily. The iris could only be seen with difficulty. The head and beard were dyed a red-brown, and the skin of the face, neck, and hands of the same colour. There was no albuminuria. He could not name green, blue, or black colours, but matched wools fairly well.

Mr. J. B. LAWFORD read notes of some cases of Tuberculosis of the Choroid, and exhibited specimens of the bacillus tuberculosis in the nodules of the choroid. Four eyes had been examined, obtained from cases of general tuberculosis and in all tubercular meningitis had been present. In three of the cases the bacilli were found in the choroidal tubercles, but in the fourth case careful and repeated examination failed to detect them, though in this the rods were easily and abundantly discovered in the meninges about the chiasma. The specimens were prepared after the Weigert-Ehrlich and Gram methods, the latter being thought preferable.

Mr. SPENCER WATSON showed a case of Granular Lids and Rough Vascular Corneæ treated by peritomy, with only partially successful results. The patient was a female, aged twenty-two. The right eye was operated on in May, and the left in July last. The improvement was but partial in both eyes, the cornea having become somewhat clearer and less vascular, but the palpebral mucous membrane remaining as rough and granular as before the operations.—Mr. A. CRITCHETT thought that Mr. S. Watson had exaggerated the late Mr. G. Critchett's opinion, which was that in many cases peritomy sufficed without other treatment; in others it was necessary to treat the granulations after peritomy. If a considerable power of constitutional repair were present, then the tight cicatrix necessary for the complete cure would be formed, but this frequently failed to occur in strumous subjects. No doubt in some cases the treatment by jequirity was sufficient.—Mr. NETTLESHIP said that in his experience peritomy had in a certain proportion of cases given most brilliant results. In one case in which he had freely used jequirity, this treatment was followed by peritomy with a splendid result, the cornea being almost perfectly clear.

Mr. CRITCHETT read a paper on a case of Orbital Cellulitis. The attack occurred in the spring of 1884, and the patient, a young lady aged fifteen, was transferred to Mr. Critchett by Sir William Bowman. There was marked proptosis of the right eye, with considerable chemosis, accompanied by severe orbital and frontal pain; the pupil acted sluggishly, and the media were so hazy that no view of the fundus could be obtained. The temperature was 100°, and there had been a slight rigor. The patient was placed under an anæsthetic, and a free incision was made through the right upper lid into the orbit. There was a free escape of serosanguineous fluid, but no pus, nor could any tumour be felt. The deep-seated pain ceased, but the proptosis continued. Ten days later the sight of the left eye, which had hitherto been excellent, became affected, so that in the course of a few hours the patient could barely count fingers, while simultaneously there was a marked improvement in the vision of the right eye. In thirty-six hours the sight of the left eye was again normal, and the right eye had relapsed. These alternations continued at intervals of about four days during the next fortnight, when the proptosis of the right eye increased to an alarming extent, and after a consultation, at which Sir William Jenner, Sir William Bowman, Mr. Hutchinson, and Mr. Critchett were present, it was decided that Mr. Critchett should make fresh incisions into the orbital cavity without delay. At the operation it was found that a portion of the lacrymal gland had been forced downwards to the external canthus, and the incisions were followed by a considerable escape of serum, but no pus. From the date of the second operation the patient made a slow but steady recovery; but for some weeks the curious alternations in sight continued. At the present time she has entirely recovered the sight of both eyes. The cause of the attack is very obscure, and there was no specific history; but one very curious fact deserves notice: the teeth were almost devoid of enamel, and an experienced dentist states that eleven of the second teeth are uncut. A few months back the right eye again became dim, but the sight rapidly cleared when a painful tooth was extracted.—Mr. NETTLESHIP was answered in the negative as to whether the left eye was affected.—Dr. MCKEOWN narrated a case bearing on the above one, in which an ocular lesion rapidly improved after the wisdom tooth had been cut. He perceived no reason why dental irritation should not give rise to morbid conditions of the orbit.

Dr. W. A. MCKEOWN read a paper on the Intracapsular Injection of Water in the Extraction of Cataract. His method consisted essentially in the substitution in the operation of extraction of a washing out of the cortex for the pressing, rubbing, and scooping out. His favourite method of operating now was as follows. He made the small flap section of the cornea above with puncture and counter-puncture in the sclero-corneal margin, and cutting out about half a line from the corneal margin. He always performed iridectomy. After lacerating the capsule freely and expelling

the lens if any cortex were left behind, he introduced the perfectly clean scoop syringe well within the capsule and injected gently distilled water of the temperature of about 100° F., making gentle motion at the same time with the scoop to facilitate removal. He had now used the scoop syringe in all thirty-nine times. In one case only was there iridochoroiditis, with complete closure of the pupil, but good perception of light. In another case there was most insidious iritis, beginning after the patient's discharge from the hospital and going on to closure of the pupil, but in which there was a good prospect from iridectomy. In the case of a syphilitic subject there was a severe iritis arrested by artificial leeching and mercurial inunction. In no case was there suppuration of the eye or of the cornea, and in no instance was there escape of vitreous from the use of the syringe. Even in two cases of traumatic cataract the syringe was used with advantage, notwithstanding the previous escape of vitreous. In a few cases some iritic adhesions formed, as is common in ordinary cataract operations, but caused no pain or diminution of vision. In twelve cases the cataracts were unripe, and in several the cortex was very sticky. In the last thirty cases he had had only one inflammation, and that was in the case of the syphilitic subject above referred to. There were two cautions to observe: Firstly, after iridectomy, to get the blood out of the anterior chamber as quickly as possible; secondly, to be careful to introduce the scoop within the capsule. He did not believe in operating as against time, but there could be no doubt that the quicker the work could be done and the eye bandaged, the better. He timed the duration of the last eleven operations from the introduction of the speculum to the application of the bandage. It varied from six to fifteen minutes, the average being about nine minutes. The operations were all done without chloroform, and some of the patients were restless. The conclusions which he thought he might draw from his own experience were (1) that the judicious injection of water within the capsule of the lens was innocuous; (2) that it was not liable to cause loss of vitreous; (3) that it was advantageous both in ripe and unripe cataracts; (4) that it shortened the average duration of cataract operations; and (5) that it was a most efficient means of clearing the wound.—Mr. MCHARDY said that the method might be used (1) for ripening immature cataract, and (2) to facilitate the removal of cortex at the time of extraction. The method of trituration as advocated by Förster, preceded as the extraction was by preliminary iridectomy, had been in his hands followed by no disagreeable results. He had, however, noticed a loss of vitreous which he was not accustomed to see in lenses that had spontaneously matured. Posterior synechiæ could be broken down at the time of operation. There might be danger and difficulty in getting the nozzle of the syringe within the capsule. The capacity of water in removing the cortex was well known, and if he had to deal with a "sticky" cortex he usually took the speculum out, closed the lids, and allowed the aqueous humour to secrete into the open capsule; then manipulating with the spoon, it was not at all difficult to remove the cortex after the aqueous humour had acted on it.—Mr. MACKINLAY inquired whether Dr. McKeown used cocaine, and why he did not perform a preliminary iridectomy. He thought the nozzle of the syringe rough, and might be improved upon.—Mr. CRITCHETT mentioned that M. Panas of Paris irrigated the anterior chamber in cataract extractions, but the stream was produced by an assistant.—Mr. ADAMS FROST asked whether the method could be employed for lamellar cataract. It seemed to him to be a sound surgical procedure, and preferable to the use of the scoop or to manipulation.—Dr. MCKEOWN, in reply, said that he did not employ the method in simple cases. He had not had any trouble with the instrument. It should be inserted behind some of the cortex of the lens. He did not see why it might not be employed in lamellar cataract. He now always employed cocaine.

OBSTETRICAL SOCIETY OF LONDON.

Hypertrophy of Lupus of Female Generative Organs.

A MEETING of this Society was held on Oct. 8th, Dr. J. B. Potter, F.R.C.P., President, in the chair.

The following specimens were shown:—Mr. Doran: Diseased Ovum. Mr. Grün: Fœtus and Placenta from a case of Extra-uterine Gestation.

Dr. MATTHEWS DUNCAN read a paper on the Hypertrophy of Lupus of the Female Generative Organs, of which the following is an abstract:—Hypertrophy is not an essential part of lupus. Extensive ulceration may occur without any hypertrophy. Hypertrophy rarely occurs without some ulceration. Ulceration and hypertrophy are to be regarded rather as alternative conditions than as concomitants. The hypertrophies may be minute or may approach those of elephantiasis. The destruction by ulceration in severe cases is greater than the growth by hypertrophy in severe cases. The hypertrophy affects the skin, the mucous membrane, the connective tissue, and the clitoris. The hypertrophy tends to be an outgrowth, not to grow deeply, like a cancer. Hypertrophies are generally morbid in form and appearance, but may resemble healthy natural parts. The hypertrophy may affect the thigh and hip. A hypertrophied part may be ulcerated, and the ulceration may heal without the hypertrophy being destroyed. Hypertrophies are generally not sensitive unless inflamed, but some small hypertrophies, especially urethral caruncles, are often excessively sensitive and painful to the touch. Hypertrophies may vary in degree of induration; they are liable to inflammation. Hypertrophied parts may have polypous hypertophies growing from them. The colour may be red, brown, purple, or white.—Mr. JONATHAN HUTCHINSON, while acknowledging the value of Dr. Duncan's carefully observed cases, felt bound to question his diagnosis. First, he thought lupus was a wrong term to apply to the disease; and, secondly, he strongly suspected syphilis in all the six cases. Indeed, he was surprised at the absence of any disproof of syphilis in the cases. All the drawings looked like tertiary syphilis, and the history of the cases rendered a suspicion of syphilis justifiable. Chronic gonorrhœa complicating syphilis often produced, first, œdema, and then hypertrophy of the female genital organs. Dr. Duncan's portraits showed these conditions; although not all alike, most of them showed a combination of elephantoid hypertrophy, with ulceration and the formation of scars. He did not think he had seen true lupus, such as we see on the face, more than once or twice on the vulva, and it would be a pity if these cases were permanently recorded under that name; for not only were they very unlike common lupus, but lupus elsewhere on the body was not recorded in a single case. In Dr. Duncan's former paper lupus of the nose coincided with this disease of the vulva; but even in this instance there was a perforation of the palate, a condition very rare in lupus, though very common in syphilis. He entirely agreed with Dr. Duncan in his treatment by excision and free cauterisation. The fact that these affections yielded to local treatment and not to anti-syphilitic remedies was no proof of their non-syphilitic origin, for this was often the case with tertiary syphilitic affections. He believed these were cases of tertiary syphilis, and if the term "lupus" were applied to them, it ought certainly to carry the prefix "syphilitic."—Dr. PLAYFAIR said that he had been in the habit of describing cases like those figured by Dr. Duncan as elephantiasis. He had seen many cases in India, and some of these were very like Dr. Duncan's cases. For his own cases he had used free incision. In his opinion, Dr. Duncan had only given a new and questionable name to an old disease.—Dr. GALABIN asked as to the histology of the disease, especially in its relation to new growths. In a case of perforation of the body of the uterus by an ulceration, shown by Dr. Duncan some time back, he had found some tendency to the characters of a new growth in the fact that in some parts the cells were joined by tailed processes. He had also regarded lupus of the vulva as a very rare disease. In cases similar to those shown by Dr. Duncan he had generally found some evidence of syphilis; they did not yield to anti-syphilitic remedies alone, but yielded to excision followed by such remedies.—Dr. THIN had found the microscopical appearances the same in all Dr. Duncan's cases. There was in all the cases more or less small cell infiltration beneath the epithelium, and a number of bloodvessels ran straight to this part. There was no marked inflammatory changes in the fibrous tissue, which was found in all stages of development. The changes found in lupus vulgaris were absent, but so were also those of syphilitic gumma, as well as of cancer and elephantiasis. The appearances suggested a persistent form of irritation acting peripherally. M. Vidal of Paris informed him that in about 150 cases of women affected with lupus vulgaris the region of the vulva had not been affected once. Professor Kaposi of Vienna bore the same testimony. He

believed that Dr. Duncan's cases formed a separate disease—separate, that is, from syphilis, lupus vulgaris, cancer, and elephantiasis. He did not agree with Mr. Hutchinson, because, apart from the absence of syphilitic history, the appearances themselves differed from syphilis, compared with which the hypertrophy was out of all proportion to the ulceration, and the ulceration was not typically syphilitic in appearance. Still less could he agree with Dr. Playfair as to the cases being elephantiasis, which was well known to be due to obstruction of lymphatic vessels by filaria sanguinis hominis.—Dr. WEST believed that he was the first in this country to describe the disease; it was described twenty-five years ago in his lectures on the Diseases of Women. In none of his cases could either he or Sir James Paget discover any evidence of syphilis. Iodide of potassium in large doses produced no effect. For these reasons he differed from Mr. Hutchinson.—Dr. W. DUNCAN mentioned the case of a large growth in the vulva, which he removed two years ago and exhibited at the Society, when Dr. Matthews Duncan said he considered it a case of lupus. The patient had well-marked tertiary syphilis, and eighteen months after the operation a recurrence of the growth took place, which disappeared under large doses of iodide of potassium and perchloride of mercury.—Dr. HORROCKS asked whether the author in using the word lupus meant lupus vulgaris or syphilitic lupus, or a different disease. He mentioned a case in which he had removed a large growth from the vulva which had resisted anti-syphilitic treatment. The wound had rapidly healed, and this seemed to him to be against its lupoid nature.—Dr. MATTHEWS DUNCAN had observed this disease for more than twenty years and had always done his best to exclude syphilis. Mr. Hutchinson relied on the general appearances, the frequency of child-bearing, and vaginal discharges as evidences of syphilis. Now everyone at first held the same view; but many syphilologists and dermatologists, and others, here and elsewhere, among whom Paget, West, Thin, Kaposi, and Vidal were mentioned this evening, had satisfied themselves that the disease was not of syphilitic origin. The disease was not new, though little understood. The literature of the subject was extensive. He could not himself entertain the notion of the syphilitic origin of a disease occurring in children, in virgins, in all classes of society, confined to the genital organs, and destitute of any evidence of primary, secondary, or tertiary syphilis. The disease had an appearance and history quite distinct from that of tertiary syphilis. He could not allow that outward appearance, child-bearing, and vaginal discharges were evidence of syphilis. Dr. Playfair had said that it was elephantiasis, but it bore no resemblance to that disease in outward characters, nor history, nor histology. Mr. Hutchinson had said that it was not lupus, and yet he held that it was a kind of syphilitic lupus. Dr. Duncan had taken care, in a former paper and elsewhere, to point out that the disease, however much it resembled lupus, in some points was not lupus vulgaris, a disease which neither he nor others more experienced in dermatology had ever seen on the vulva. He called the disease lupus because it had been called so before, and it was a much easier name than "esthiomène." He would soon lay a paper before the Society on the inflammations of this disease and of its histology. He would only say now that the histology of Huguier, Paget, and Thin lent no support to the theory of syphilis.

Reviews and Notices of Books.

Traité des Eaux Minérales de la France et de l'Etranger. By MAX DURAND FARDEL, M.D., Honorary President of the Société d'Hydrologie Médicale of Paris, Inspector of the Waters of Vichy, &c. Third Edition. Paris: Félix Alcan (successor to Germer, Baillière, and Co.).—The first edition of this work was published twenty-five years back, since which time many changes have taken place in hydrological science, and consequently this third edition had to be completely revised. A great number of the mineral springs have been re-analysed, and a list of others more recently discovered has been introduced into the materia medica. The author has taken advantage of the numerous and interesting clinical works published by physicians of different watering-places, and he gives an account of the important acquisitions of science and of practical medicine, which hydrological therapeutics had to adopt. Instead of presenting a series of monographs, Dr. Durand Fardel considered it more convenient to proceed with the study of mineral waters in the same way as is done with that of ordinary therapeutics. He has therefore taken into consideration the waters themselves, their respective constitution, their modes of application, and the topographical conditions to which they belong; the work is, in fact, a materia medica of mineral waters. He then takes up the subject of therapeutics of mineral waters, and formulates rules for their application in attaching to each water the morbid conditions for which it is indicated. Although the watering-places of France are considered sufficient to fulfil all the indications that may present themselves, the author has included a certain number of foreign stations, in doing which he compares them with those of his own country. The subject of mineral waters is becoming more and more popular, and should therefore be studied by medical men in such a way that they may be able to give ready replies to patients who may seek information on the various watering-places, the composition of their waters, and the diseases to which they are applicable. All this is fully entered into by Dr. Durand Fardel, who may be considered the highest French authority on the subject of which the present volume treats. The work is divided into two parts. The first comprises the materia medica of mineral waters, the classification of the same according to their chemical and physical constitution, with a description of the watering-places themselves, the composition of their respective waters, and their therapeutic action. The second part contains an account of the general therapeutics of mineral waters from a clinical point of view, in which are given the indications, contra-indications, and the diseases to which they are applicable. The work is well got up, and is supplied with an ample index giving the materia medica of the mineral waters, a complete list of the watering-places, and another of the diseases for which the waters have proved useful.

Surgical Operations. Part I. The Ligature of Arteries: a short description of the Surgical Anatomy and Modes of Tying the principal Vessels. By Sir WILLIAM MAC CORMAC, Surgeon and Lecturer on Surgery, St. Thomas's Hospital. London: Smith, Elder, and Co., 1885.—The author introduces his subject by an account of different modes of ligature, the conditions for which the operation is required, the details of its conduct, and the effects that may result. After this the arteries of each region are separately dealt with. In each case the indications for the treatment are stated first, then follow the surgical anatomy of the vessel and directions for the operation of its ligature. These descriptions are all clear, and, we believe, accurate. One great charm in the book is the excellence of the illustrations; they are numerous, well chosen, and in every case beautifully executed; in some the arteries are coloured, and this gives extra distinctness. What should be included in a work on operative surgery is a matter legitimately open to difference of opinion. Some would rigidly exclude all but surgical anatomy and the details of operations; but the book is rendered more readable, and we think also more useful, by the clinical value of each operation being discussed, as it has been by Sir William Mac Cormac. We hope another part of this work will not be long delayed.

Alpine Winter in its Medical Aspects, with Notes on Davos Platz, Wiesen, St. Moritz, and the Maloja. By J. TUCKER WISE, M.D. Second Edition, pp. 121. London: Churchill. 1885.—This is the second edition of a work which was published a year ago as one of the new editions of the Alpine Climate series. The author states that "the intention in the present volume is to exhibit the remarkable curative and

health-giving properties of Alpine climate in their true light, avoiding exaggeration or an omission of those minor details termed 'drawbacks' so necessary to be portrayed in the consideration of any foreign or home health-resort." We confess that we were greatly surprised to find that the first seventy pages of this book consisted of very little more than a *verbatim* reprint of the author's work published in 1883, entitled "Wiesen as a Health-resort." The next twenty pages are devoted to a description of the Maloja plateau and the large Kursaal which has been built there by a Belgian company. In the construction of the building great attention appears to have been paid to the heating, ventilation, and drainage; and if the arrangements on these important matters prove as successful as is anticipated, there can be no doubt of it proving a valuable addition to the winter health-resorts. The selection of cases to be sent to Alpine winter stations involves a serious responsibiiity on the part of the medical adviser. Dr. Wise points out as unsuitable patients labouring under diseases of the brain, heart, or large vessels; tendency to articular rheumatism; kidney disease; acute inflammation of the throat or larynx; and some diseases of the prostate and bladder. He has given a tabular comparison of the four health-resorts of the Grisons—Maloja, Wiesen, Davos, and St. Moritz; but he has omitted to inform us whether the promises regarding the improved sanitary arrangements at Wiesen which he mentioned in his previous book have been fulfilled. We cannot but regret that Dr. Wise did not confine his present publication to the last fifty pages of his book, or that, if he considered the earlier part of sufficient importance to justify republication, he did not state the fact for the information of those who might feel an interest in the subject, but be indisposed to spend their time in reading a twice-told tale.

Notes on Anatomy. By G. M. DARTNELL, L.R.C.S., &c. Cornish. 1884.—When students are too lazy to make their own notes, to perform their own dissections, or read an ordinary text-book, these notes from Gray and Heath may give them a superficial and parrot-like knowledge of some facts in anatomy, and to subserve such a purpose seems to be their aim. We object to all such adventitious aids, for they tend to persuade a student that he knows his human anatomy, when in reality he has only crammed some few of its facts and none of its bearings into his memory. These notes seem fairly correct, so far as we have examined them, except that on p. 43 "hypothenar" is said to refer to the muscles of the first instead of the little finger. No work of this class can be of any permanent utility.

Physical Expression, its Modes and Principles. By FRANCIS WARNER, M.D.Lond., F.R.C.P., Assistant-Physician and Lecturer on Botany to the London Hospital, formerly Physician to the East London Hospital for Children. Fifty-one illustrations. London: Kegan Paul, Trench, and Co. 1885. (International Series).—This book contains the results of some original research of considerable value, but it would be impossible to review it within the short compass at our disposal. Let it suffice that we have perused it with interest and profit, and can commend it to our readers. The subject is, however, in its infancy, requiring a long, extended series of observations for its systematic elucidation.

Modern Science and Modern Thought. By S. LAING, Esq., M.P. London: Chapman and Hall. 1885.—This work is something more than a compilation. It is true that its author has contributed nothing new to science, but he has filtered a large amount of information, and the outcome is that he has admirably selected and arranged his material and added to it the impressions it has made upon a highly cultivated intellect. The author's style is clear and terse, and the work, as an exposition of modern science, is decidedly interesting.

New Inventions.

A NEW AMBULANCE.

A VALUABLE addition to the appliances for the transport of injured persons and invalids has just been patented, in the shape of a "folding ambulance chair," which Dr. R. A. Mowll of New Ferry, Cheshire, Staff-Surgeon, Royal Navy, has invented for ship use (particularly for the transport of wounded in naval actions), in railway and colliery accidents, and, indeed, in all circumstances where from insufficient space an ordinary stretcher cannot be employed. The want of an ambulance which can be used in confined spaces and hoisted or lowered down hatchways or in and out of a ship, with comfort and security, has long been experienced, and this ingenious contrivance appears to fulfil all necessary conditions. It is of light iron framing, supporting a canvas seat, which, by passing over a padded roller, forms a comfortable and secure seat on the double inclined plane principle. For convenience in carrying the extremities of the handles are covered in leather, and it has been found by experience in H.M.S. *Inflexible* that for short distances, as in ship use, the carrying straps are unnecessary.

FIG. 1.

As a chair.

In the improved chair the tanned canvas seat is single, and straps for securing an injured leg are attached in a suitable position. These details are not shown in the above illustration. The principal features, however, of the invention is the rapid way in which, by moving two sets of handles, the chair is converted into and carried as a stretcher.

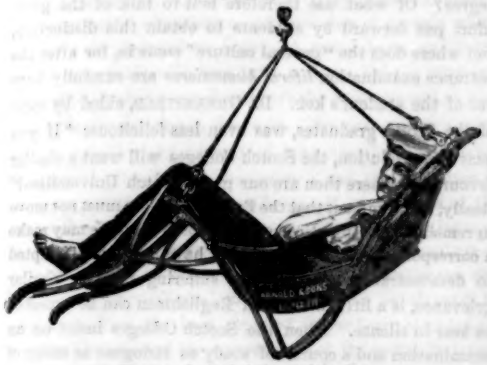
FIG. 2.

As a stretcher.

To hoist or lower it neat wire-rope slings can be readily attached to shackles at either corner of the framing, as in

Fig. 3. When not required, these slings fold up, and are carried in a pocket behind the seat.

FIG. 3.

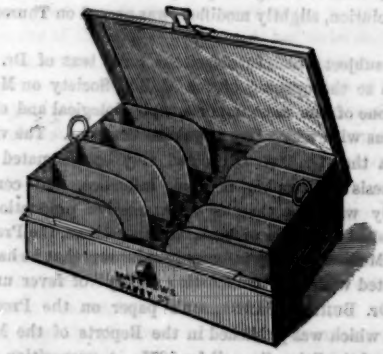


Slung ready for hoisting or lowering.

The hinged slings with spring hooks fitted to the improved chair are not shown in the above illustration. A breast-band for the security of a patient in hoisting or lowering is attached to the arm stays. The chair folds up compactly by unfastening the side stays, and is secured in this position by small straps, which, when not in use, are kept in the pocket behind the seat. It is sufficiently light to be easily carried in one hand to the scene of accident, when a few moments suffice to put it together for use. Messrs. Arnold and Sons, of West Smithfield, are the manufacturers of this ambulance.

DRAINAGE-TUBE BOX.

MOST surgeons who are in the habit of employing india-rubber drainage-tubing must have noticed the inconvenience of the ordinary glass bottles in which the tubes are kept. To obviate this I have devised a simple box, of which the accompanying engraving is a representation. The boxes made for this hospital by Matthews Brothers, Carey-street, are twelve inches long, six inches wide, and three inches deep, and consist of ordinary or enamelled tin with a glass lid. A movable perforated tray rests on the bottom of the box, and may be lifted by means of a ring at each end out



of the 1-20 solution, with which the box should be filled to about two-thirds of its depth, and retained clear of the solution by side catches. The tray is divided by interrupted partitions into four compartments, in which the different sizes of tubes are placed. The advantages of this arrangement are: (1) The surgeon can at once see and choose the size of tube required; (2) the tubes are kept straight and free from kinks; (3) while the tubes are kept in an aseptic condition the surgeon need not dip his hands in the 1-20 solution to take the tubes out.

J. FRAIL HARRIES, M.R.C.S., L.S.A.,
House-Surgeon, King's College Hosp.

CHINESE CUSTOMS DEPARTMENT MEDICAL REPORTS FOR 1884.

DR. HENRY, of Ichang, reports that the health of the inhabitants during the summer of 1884 was very good; it was an exceedingly dry season, with a high temperature. In the summer of 1883, which was characterised by a severe epidemic of cholera, the opposite conditions prevailed—namely, much rain and a low temperature. Small-footed women, all who bind the feet, are peculiarly liable to accidents. Dr. Henry had two cases of Pott's fracture. Suicide is very common in Ichang. Mr. Cockburn, of the Scotch Mission, has almost endless cases of opium-poisoning. Death is also sought by drowning, hanging, and self-wounding on the most trivial provocations. One may almost call the prevalence of suicide the Ichang malady. A young girl, the betrothed of a mason, residing in the house of her future father-in-law, being scolded for breaking a basin, hanged herself. A man living in the city, who had an altercation with his father, committed suicide by hanging. Another case was that of a young man who, having had a dispute with his father, rushed to the river beach, and inflicted wounds on his chin and throat with a chopper.

In a report for the half-year ending Sept. 30th, 1884, on the health of Chefoo, by Dr. Henderson, three cases of typhoid fever are mentioned. The first of these, in a sailor belonging to H.B.M.S. *Curaçoa*, proved fatal, after twenty-eight days, from perforation. The other two made good recoveries: one after twenty-four days, the other after forty-three days. This disease is not common in Chefoo. Malarial fever is rare, and when it occurs the type is mild. Cases of malarial poisoning from the south have done well. In Ningpo the mean annual range of temperature is 9°, and in some months it is as low as 5°. There is thus a high degree of humidity indicated, and the decayed vegetable matter of the flooded rice fields offers conditions of malarial development. Of continued malarial fever thus generated there are a variety of types. The salicylate of sodium had previously been tested without success. Dr. Henderson resolved to give it a further trial. The maximum dose he gave was forty grains, with ten grains of quinine, twice daily. A frequent method was to administer the drugs per rectum, and in the following way: "The salicylate was suspended in mucilage, the quinine dissolved in glycerine, and the two mixed. No rectal irritation resulted from the combination. As a rule the above was efficacious in all forms of fever when recent; when no decided effects followed, calomel was often of considerable service. After a few days, if no marked benefit resulted, the drugs were discontinued. If depression followed the salicylate, there was organic disease further than mere fever." When the temperature was low, Dr. Henderson "found ipecacuanha with quinine very effectual. If the last form of fever persisted for months, benefit was not to be obtained by either method, and then pilocarpine, combined with other treatment, appeared to be the drug from which most was to be hoped. The above methods of treatment do not apply to the fever that attacks old residents."

ROYAL COLLEGE OF PHYSICIANS.

To the Editor of THE LANCET.

SIR,—As the election of Fellows at the College of Physicians will shortly be again under consideration, I beg, while there is time, to suggest that, along with the proposed increase in numbers, selection should be more general from the older Members, who mostly have yielded at nomination to their juniors holding hospital and medical school appointments. Doubtless, early election of the latter is just, yet exclusion might be tempered with equity to their seniors unless allowed the alternative of examination. Perhaps, for the future, since all may not be both hospital physicians and lecturers, clinical attendance, in the absence of clinical practice, might be allowed consideration by the Council at nomination. Thus, while encouragement would be given to prolonged clinical study (as recommended in at least one of the recent introductory discourses), the earnest student, however disappointed of hospital preferment, might still aspire to the Fellowship.—I am, Sir, yours truly,

A MEMBER (PRIOR TO 1859) OF LONG HOSPITAL.
Oct. 19th, 1885. ATTENDANCE AND PRACTICE.

THE LANCET.

LONDON: SATURDAY, OCTOBER 24, 1885.

THE principal feature at the meeting of the Fellows at the Royal College of Physicians, on the 16th inst., was the unanimity with which speaker after speaker acknowledged that the London medical student was suffering from a grievance in not being able to obtain a degree on equitable conditions with his compeers at other centres of medical study, and that this grievance ought to be removed. It was only when the question arose as to how this should be done that the divergent views of those who were present came into prominence. The London teachers, as a rule, urged the granting of a degree in Medicine and Surgery in the terms of the resolution of the Committee: "That it is desirable that persons examined by the Royal College of Physicians of London and the Royal College of Surgeons of England conjointly, and found duly qualified, should, in virtue of that examination, have a degree in Medicine and Surgery conferred upon them." The only points brought forward by any London Fellow against this resolution were that it was an attack upon the rights and privileges of the University of London, and that the supporters of this movement should take cognisance of that in favour of a Teaching University. Any change in the character of the University of London which will enable it to grant ordinary degrees is so little desired by the authorities and by many influential graduates, that it is absurd to expect that body to meet the medical demand for degrees for average London students. All its traditions and the intentions of its Senate are against granting any such request. Dr. GOWERS also pointed out most forcibly and plainly that if a Teaching University is to be created in London, the union of the two Colleges of Medicine and Surgery must form its centre, around which the other Faculties might congregate. The Teaching University, so far as Arts, Science, and Laws are concerned, seems to be at present in a slough, from which it is impossible for it to emerge. A medical degree cannot, therefore, wait and be dependent on the possible future of such an embryonic idea as the present Teaching University movement. The protests against the new departure came, as might have been anticipated, from Professors PAGET and GREENFIELD, as the representatives among the Fellows of the feeling of the many graduates of the Universities of Cambridge and Edinburgh respectively, and we are bound to say that their arguments seem to us extremely weak and impotent. "Let us not lower University degrees in public estimation, or no student will go through the higher course of study necessary for their attainment," said Dr. PAGET, quite unmindful that the Universities had to blame themselves for any depreciation of medical degrees, and that ambition is not quite extinguished among students. At Cambridge a candidate can spend his early time in the pursuit and study of such natural sciences as Anatomy, Physiology, and Chemistry, which are really part and parcel of the subjects for his ordinary degree. His science need not therefore be learnt by him for its own sake, but for lessening his after medical studies. Has not Professor HUMPHRY over and over again explained to us how little extra time need be spent at Cambridge in order to obtain the M.B. degree? Of what use therefore is it to talk of the great effort put forward by students to obtain this distinction, and where does the "general culture" come in, for after the entrance examination *literæ humaniores* are carefully kept out of the student's ken. Dr. GREENFIELD, aided by some of the Scotch graduates, was even less felicitous: "If you pass this resolution, the Scotch Colleges will want a similar favour, and where then are our great Scotch Universities?" Really, the argument that the English Colleges must not move in remedying an injustice because Scotch Colleges may make a corresponding request, when they have not even attempted to demonstrate that they are suffering from a similar grievance, is a little more than Englishmen can be expected to hear in silence. When the Scotch Colleges insist on an examination and a course of study as stringent as many of the Universities or the London Colleges now require, they may reasonably claim a similar privilege; but this is too far in the distance for serious consideration and argument. To urge also that Scotch and Irish opposition will prevent equity being done to England in Parliament may be true, but can scarcely be considered a sufficient reason to deter London teachers from endeavouring to gain what even their opponents concede is only bare justice for their students. When these are the best reasons which two of our most important Medical Universities can bring forward against the resolution of the Committee, and when we remember that, with the exception of Oxford and Dublin, which still insist on the old-fashioned B.A. degree as a necessary preliminary to the study of medicine, all the other Universities, so far as the medical student is concerned, are mere medical schools and colleges differing from those in London only because they have the power of granting a degree, we fail to see any just reason why the demand of the London Colleges should not be granted. Such views evidently weighed with the large majority of the Fellows, by whom the resolution, slightly modified, was passed on Thursday.

THE subject which furnished the chief text of Dr. ORD's address at the opening of the Medical Society on Monday last is one of the most important physiological and clinical problems with which any physician can cope. The view of pyrexia that Dr. ORD advocated may be designated as the hypothesis of trophic nervous influence, and contrasts strongly with the theories of excessive production and diminished discharge of heat. In his address, the President of the Medical Society informed his hearers that he had been contented with the "combustion theory" of fever until he read Dr. BURDON SANDERSON's paper on the Process of Fever, which was published in the Reports of the Medical Officer of the Privy Council for 1875. A proposition that is worth quoting again from this able paper runs as follows: "The general conclusion to which the preceding calculation leads us is a very important one—namely, that although as compared with the heat-production of an individual on fever diet the heat-production of a fevered person is excessive, it is not by any means greater than the heat-production of health." Dr. ORD declared that he had read Dr. BURDON SANDERSON's article again and again, and had referred to

various authorities on the subject, and yet he was compelled to admit that the theory of increased combustion was an insufficient explanation. An apt illustration, drawn from familiar processes, enabled Dr. ORD to lay before his hearers an easy method of understanding the view of pyrexia which he was now disposed to adopt. A metal basin containing water is supplied with heat from a flame, but the temperature of the water never rises above the boiling-point so long as any water remains in the basin. The evaporation always compensates for the amount of heat absorbed. A parallel was drawn between this phenomenon and the regulation of the temperature of the human body. If evaporation of the water in the familiar illustration be prevented by a layer of oil poured on the surface of the water, the temperature of the water rises, as the heat of the body would rise on the "retention" hypothesis. If all the water be allowed to evaporate, then the heat supplied to the basin is no longer rendered latent, and the temperature of the metal increases rapidly. Now, the heat not being used up, not being converted into a latent form of energy, remains free or kinetic, and over-heats the metallic system. So, it was urged, in the process of fever in the animal organism, heat is supplied by the metabolism of tissues, but construction is done away with, there is no integration, and consequently no using up of heat, and the body waxes hotter than natural. Just in proportion as the heat is not rendered latent by the construction of fresh material, so does it run riot and superheat the tissues. Now, there is a question on which the President of the Medical Society did not touch, but which is also worthy of much attention, and was clearly indicated by Dr. BURDON SANDERSON, and that is that we are totally in ignorance of the mode of behaviour of protoplasmic tissues under the influence of different degrees of temperature. To render this idea plainer, we may ask such questions as—"What is the rate of metabolism at a temperature of 101° F.? Does increased body heat, in its turn, still further augment the destructive processes on which the production of heat is dependent?"

Some years ago, in the discussion on the nature of fever before one of the learned Societies, it had to be contended—and MURCHISON stood foremost in the fight—that constructive processes were always attended with a loss of heat. It had also to be contended that destructive processes alone could give rise to increased fever. But these complementary statements were not allowed to pass without contradiction.

Although most *a priori* arguments, and more especially the doctrine of the conservation of energy, seem to support the notion that with actual growth there is disappearance of kinetic energy, yet, as Dr. ORD asserted, there were no *a posteriori* arguments or experimental facts proving the point—unless, indeed, we accept such facts as may be culled from the phenomena of body heat exhibited during sleep, both artificial and natural. In connexion with this, it is sufficient for us to draw attention to the possibility of modifying the diurnal variation of body temperature.

Dr. ORD has made some interesting investigations on the state of the temperature of growing fruits, such as cucumbers and bananas. The general conclusion at which he has arrived is to the effect that the lowered temperature that was observed in those fruits or parts of fruits which were in a ripening condition is to be attributed, not to any loss of heat as the result of evaporation, but to a positive disappearance of heat, the outcome of constructive processes. Briefly, Dr. ORD's, and we may add Dr. BROADBENT'S, view of the mode of production of pyrexia amounts to this:—The nervous system directs the constructive as well as the destructive metabolism of the body; in fever the nervous forces are led astray—they no longer guide the metamorphosis of tissue; "the bits are removed from the mouths of the molecular processes"; destruction increases, construction diminishes; the former process supplies the heat, and as integration is lessened the kinetic heat does not become transformed, and thus the organism grows hotter than natural.

SOME remarkable opinions as to the duties of registrars in the case of uncertified deaths have recently been delivered with an air of authority in Cheltenham, in connexion with the death of a child named CAROLINE ANN HAWLING, aged fourteen months. We base our remarks on the report of the inquest, and on two letters in the *Cheltenham Chronicle*, one written by a chemist, Mr. HANDS, who prescribed for the case; the other by a gentleman who signs himself A. E. POWELL WOODLAND, and is described as "Dr. WOODLAND" by the chemist, and on whose advice the chemist ventured to give a certificate of the cause of death, which the registrar most properly refused to take. It is important to say that we do not see "Dr. WOODLAND'S" name in the Medical Register for 1885. Before we come to the curious views of these gentlemen as to the duties of parents with sick children, and of registrars in regard to deaths where no medical man has been in attendance, let us spare a few sentences in pity for the unfortunate child. Its mother said it had always been weakly from its birth. She did not take it to a medical man, for it "always seemed very lively." On Saturday evening she consulted the chemist, Mr. HANDS, who did not prescribe for it then, but told her to call again on Sunday. Even then he was afraid to stop the diarrhœa too soon. He said the child was very bad. On Monday night, again, she took it to Mr. HANDS, when the child became stiff and screamed. He said she was convulsed. He did not suggest that the mother should get a doctor. The next morning the child died. She went to Mr. HANDS and asked for a certificate, which he said he could not give, but referred her to the police. On the advice of "Dr. WOODLAND" he seems to have changed his mind, and gave a certificate, which before the coroner (who pronounced the chemist's conduct in giving a certificate to be very improper) he said he regretted having done. We must not leave the case of the little child without recording that the mother had had eleven children, seven of whom had died. They were all insured, but she received no benefit, as the payments were not kept up. The deceased was insured in the Prudential Assurance Company. She paid 1*d.* per week, and was now entitled to £2. It is right, however, to state that Mr. JESSOP, who made the necropsy, said that the prescription of Mr. HANDS was perfectly correct.

This is a most suggestive and instructive case; but the most curious thing about it is the letters of Mr. HANDS and Mr. A. E. POWELL WOODLAND. The chemist, in his letter informs the public on the law of such matters. He says that the law is that if any father or mother should think

their sick children safer in their own hands than in others, or if they prefer, in addition to their own skill, to call in the aid of any unregistered practitioner, and their children should die, a plain statement of the death by the father or mother or unregistered practitioner "is equally legal as that of a registered." It must be written on plain paper, &c. "Dr. A. E. POWELL WOODLAND" is still more comforting to those peculiar people who let their children die without medical advice. He says the law does not require a medical certificate in case of death. And the public (*sic*) are not required to call in a medical man supported by the State (*sic*). This unregistered gentleman says the law prefers a statement from a relative to the certificate of a registered practitioner. No inquest is necessary unless the friends of the deceased believe the medical attendant failed in his duty, or the neighbours have suspicion of foul play. We never saw such a quantity of dust for the eyes as there is in these statements; and we are amazed to see a respectable chemist, after failing to advise the parent of a dying child to get proper advice, bolster up his case by such misleading statements. The law expects a medical certificate of death, and, if it is not forthcoming, it rests neither with the friends nor with the neighbours, but with the coroner, to say whether there shall be an inquest. We caution the public of Cheltenham against such absurd statements, which, if regarded, will land them in much painful inconvenience, including that of a coroner's inquest. The law presumes that children who are ill are to have the benefit of medical science, and defaulting parents are liable to be brought not only before the coroner, but also the law courts.

OVERWORK has always two aspects, one which relates to the worker, and another which relates to the work done. The first involves an act of cruelty, the second an act of impolicy. The overwork of railway officials is a subject of very serious thought just now in connexion with its second or public phase. Even if it were a consideration of little moment that some thousands of men are systematically worried and oppressed by the conditions of their daily toil for bread, it would be a serious reflection that the lives and limbs of Her Majesty's subjects are persistently and perversely imperilled by the trading companies to whom a monopoly of the locomotive business of the country has been practically conceded. If the "railway interest," as it is called, were not very largely—perhaps unduly—represented in both Houses of the Legislature, there would be less difficulty in securing the enactment of a law which would have the effect of bringing the companies which do this great wrong under control. There is no lack of evidence as to the overworking of pointsmen, engine-drivers, and guards on all the principal lines. The facts are patent. The only marvel is that "accidents," so-called, are not of more frequent occurrence than they are known to be. The number of hairbreadth escapes is prodigious. The chief cause of all the risk and actual injury of railway travelling is overwork. Men are compelled to perform feats of memory and sustained attention under conditions which to the physiologist are simply scandalous in their defiance of all the laws of brain and body work. The only reason, or rather let us say pitiful excuse, for this is, that commercial interests require that the working expenses of the railway companies shall be kept down, so that shareholders may receive the largest possible dividends. The dividends are considered to be little enough, and directors are charged to maintain, and, if possible, to increase them. The question at issue is really not one of politics, or even common sense; it is simply a matter of commercial greed. If the number of pointsmen, engine-drivers, and guards were largely increased, there would be fewer misadventures and many lives would be saved; but immunity from accident must be purchased by a sacrifice, and, looking to the colossal monetary interests involved, and, as we have said, represented, in Parliament, it will be only after prolonged and vigorous agitation, if at all, that the necessary reforms are accomplished. Meanwhile, the fatal parsimony which dares the danger of habitually working the brains and muscles of public servants just half as long again as they ought to be will prevail, and the warnings of impartial onlookers will be disregarded.

Annotations.

"Ne quid nimis."

GENERAL MEETING AT THE ROYAL COLLEGE OF SURGEONS.

WE would remind our readers that the general meeting of Fellows and Members of the Royal College of Surgeons will be held on Thursday next, the 29th inst., at 3 o'clock precisely, when the Annual Report from the Council will be presented. This will be the first occasion on which the report has been presented in this manner. Hitherto, at least for some years, it has been published in the calendar as the President's report, or more lately as the Secretary's. At this meeting the Council invite Fellows and Members to make, in the form of resolutions, any recommendations or suggestions as expressions of opinion on any of the matters comprised in the report. As we stated last week, it will expedite business if the secretary of the College is furnished beforehand with any resolution proposed to be put to the meeting. As this occasion indicates a new phase in the relationship between the constituents and the executive of the College, it is hoped that the Fellows and Members will make a special effort to be present and to assist in the proceedings.

THE PORT OF LONDON AND THE IMPORTATION OF RAGS.

WE do not often read of the work of the Corporation of London being seriously hindered for lack of a comparatively small expenditure, but the last half-yearly report of the medical officer of health for the port discloses the fact that during a period when efficiency of administration was more than ever essential to the safety both of the port and of the country to which it gives access, the number of vessels examined had diminished; and one of the reasons given for this diminution is "the unsatisfactory condition of the authority's steam launch, rendering locomotion afloat difficult and uncertain." Fortunately, however, such inspection as was practicable has been followed by an exceptional amount of action on the part of the officers of the authority. The old *Hygeia* has, however, admittedly finished her career, and a new steam launch has been ordered, and, if not already in use, she will be very shortly engaged in the important duty of port sanitary work. Speaking as to the rag trade, Dr. Collingridge alludes to the action of the Local Government Board in their recent Orders, which have pro-

hibited the importation of rags from Spain, instead of sanctioning their delivery after disinfection. This Dr. Collingridge rather complains of, because, amongst other reasons, the rags from infected countries are only stored until the Order ceases to be in operation, and then they are shipped; whereas he declares they could be easily and effectually disinfected, and this at a small cost. As to this he instances the United States, where disinfection by superheated steam is carried out. The question is by no means free from difficulties. If rags are admitted after disinfection, the sanitary authorities and their officers would probably have to be the judges as to the efficiency of the disinfection; and the want of uniformity, together with the different views as to what constitutes efficiency, would, we fear, lead to great variations in the strictness with which the process would be carried out, and to great uncertainty in the operation of the regulation. And not only so, but the experience obtained in the United States is by no means conclusive. That super-heated steam will suffice for the purpose is unquestionable, but the expense attendant on the process being effectually carried out is by no means small, and the shippers are already complaining that the requirements of the American Government impose serious hindrances to the trade being profitably carried on. In short, the success of the American experiment has, from a financial point of view, yet to be determined. Dealing with the state of the Thames, Dr. Collingridge refers to the inadequacy of the measures now being adopted by the Metropolitan Board of Works, who seek to get over the difficulty of Thames pollution by throwing huge quantities of deodorants into the river together with the sewage. This practice, whatever its immediate results, is an extremely objectionable one, for its principal object must be to cause the precipitation and subsidence of a large amount of stuff, the presence of which in the river is already one of the greatest sources of trouble and difficulty; and it can hardly be supposed that such a practice will be maintained indefinitely.

POISONING BY SULPHURETTED HYDROGEN.

A COMMUNICATION has been made to the Académie des Sciences by MM. Brouardel and Loye on the symptoms induced by the inhalation of dilute sulphuretted hydrogen (*La France Médicale*, Sept. 5th). The experiments were made on tracheotomised dogs. When these animals were supplied with an atmosphere composed of two litres of sulphuretted hydrogen in 100 litres of air, death ensued in two or three minutes. The pupil was noticed to dilate five to eight seconds after the commencement of the inhalation, and the eyeballs became prominent. The pupil did not react to light. The vessels of the ocular fundus were much dilated. The cornea became quite insensitive; the skin could be stimulated without causing any reaction. Twenty seconds after the beginning of the experiment galvanisation of the sciatic nerve by a powerful current did not give rise to muscular movements. In brief, there was disappearance of all reflex actions. After a little struggling the muscles became rigid, so that all the limbs were in a condition of forced extension, and the thorax was in a position of expiration. The contracture disappeared when the respiratory movements ceased. The urine and fæcal matters were forcibly expelled. After a few seconds the respiration became slowed, and afterwards convulsive, as the animal began to struggle. In twenty to twenty-five seconds the respiratory movements completely ceased. If the animal be anæsthetised by chloroform the convulsive respirations are not observed. The respiratory rhythm is at first slowed, then accelerated, and gradually diminished in amplitude, and respiration ceases altogether in thirty to thirty-five seconds. If both vagi be cut before the inhalation is commenced the phenomena are said not to be altered, and the respiratory changes do not take place earlier or later. The number of cardiac beats is diminished; there may be four instead of fifteen beats every five seconds. This infrequency does not persist, for the rate becomes normal again at the end of the first minute. The heart, though slowed, beats very strongly. The authors believe that the action of the gas on the centripetal nerves of the heart is the cause of the alteration in the cardiac rhythm. The heart does not die until respiration has ceased for two minutes. The auricles may be seen to beat for an hour after the thorax has been opened. The blood-pressure is first raised, then lowered. Excitation of the peripheral end of the vagus causes slowing of the heart all through the experiment. Galvanisation of the sciatic nerve after twenty seconds have elapsed does not modify the blood-pressure. The blood coagulates rapidly, and in thin layers has a violet tint. The arterial blood analysed after the arrest of the heart's action is said to contain enough oxygen to support life. When a mixture of half a litre of sulphuretted hydrogen in 100 litres of air was inhaled, death followed in from seventeen to fifty minutes. The ocular phenomena were the same as with the larger dose. The cornea, at first insensitive, becomes sensitive as the respiratory movements reappear. Contracture of the limbs is noticed fifteen seconds after the commencement of the experiment, but it disappears on the return of respiration, though it may recur several times. The respiratory movements are at first ample, then slowly cease, and disappear at the end of thirty seconds. One minute later powerful respiratory movements are observed. The inspirations gradually increase in amplitude, whilst the respiratory rhythm gradually diminishes till death. The respiratory capacity of the arterial blood is diminished. The urine often distends the bladder, and may contain both albumen and sugar. The muscles are said to respond to electricity after death, and excitation of the motor nerves is also efficacious. The authors regard the death from the stronger dose as due to the influence of the gas on the nervous centres alone, whilst in the weaker doses the nervous phenomena are complicated by those of asphyxia. These observers promise to treat of the medico-legal aspects of the subject in a future paper.

CHOLERA HOSPITAL SITES.

THE Sanitary Committee of the Clerkenwell Vestry have, with the approval of the latter body, met the demand addressed by the Metropolitan Asylums Board to the sanitary authorities of London, that they should suggest more sites for cholera hospitals, by drawing the attention of that Board to the Spafields burial-ground at the rear of Exmouth-street, and to the vacant land in Clerkenwell-road at the corner of Turnmill-street. As regards the former of these sites, it will be remembered how strong and unanimous have been the protests during recent years against the erection of dwelling-houses on disused burial-grounds; and it can hardly be held that sites which are improper for the purposes of persons in health are adapted to the needs of those who are weakened by sickness, and who need to be surrounded by all procurable circumstances favourable to their restoration to health. Nothing short of a great emergency could justify the selection of burial-grounds for this purpose, and even then their entire area should be covered with concrete. But we were recently led to understand that the arrangements already made by the Asylums Board would suffice for any expected requirements of central London, and that it was in the outer portions of the metropolis that fresh sites were mainly wanted. Hence, apart from other considerations, old graveyards in Clerkenwell may not be needed.

THE SANITARY CONDITION OF WINDSOR.

THE Urban Sanitary Authority of Windsor discussed last week the steps which should be taken to improve the condition of the Bourne ditch. In a report dated Aug. 7th the medical officer of health stated, with reference to the allegation that the Bourne ditch was a nuisance, "No doubt it is; I myself presented a special report to that effect two years ago, and my report was, I believe, duly forwarded to the Crown authorities, who are responsible for the ditch, but the recommendations which it contained have been by them totally neglected." A death from diphtheria having occurred in Gloucester-place, which overhangs the ditch, the sanitary authority have thought it worth their while to address a further letter to the Crown authorities. Instructions were at once given to the Crown Receiver to make arrangements for the cleaning out of the ditch, but the place in which the death from diphtheria occurred is not Crown property, and it remained therefore for the Corporation themselves to do what was necessary in that locality. Now, however, the medical officer is stated to find no nuisance in the ditch, and the suggestion was made by several members of the Corporation that the best method of overcoming the difficulty was to re-christen the ditch and call it the "Bourne Brook." We fear that the power of the ditch to affect health would not be modified by such a proceeding. It is satisfactory to learn that the surveyor in the end received instructions to take steps for the abatement of any nuisance found to exist, and we can only trust that the cleansing will precede the alteration of name. The demoralising effect of the Windsor slums upon the Household Troops who are quartered in the town is receiving the attention of high officials at the War Office. We have confined our own remarks to their effect upon health, but we are fully aware that their influence in other important directions should not be lost sight of.

POISONING BY COLCHICUM.

A VERY remarkable case has been recently tried at the Seine Assizes, in which it was alleged that the accused (Ribout) poisoned his first wife with a solution of colchicin in lemonade. There seems no doubt that Ribout obtained by a fictitious prescription of his own writing a quantity of the poison in question (15½ grains), far more than sufficient to cause a fatal issue; but the question the court had to decide was whether the colchicin was employed in the way suggested by the prosecution, or whether, as the accused stated, it was used as a colouring agent in his trade of artificial flower maker. Considering that the analysis of the alimentary canal and the viscera was not made until ten months after death, it is not surprising that MM. Vulpian and Brouardel failed to find any evidence "for or against the case of the prosecution." The circumstantial evidence told strongly against the prisoner, and in this country he would probably have been convicted upon it alone. The death of the woman under suspicious circumstances, the liaison between Ribout and one of his shop-girls and their subsequent marriage, were, to say the least, not favourable to the assumption of innocence; but when we learn that the prisoner wrote from his cell a letter to his newly-married wife, telling her to be "obstinately silent and all would be well," and further that she "might depend upon nothing being discovered from an examination of the body," it can scarcely be thought that Ribout was not aided by fortune. According to Casper, colchicin is one of the most deadly poisons. Less than half a grain has been fatal to adults in four cases. Schacht and Wallstock of Berlin have shown that the poison can be extracted from the contents of the stomach and the viscera, but there is no trustworthy evidence how long after death this can be done. Being a vegetable substance, it would probably entirely decompose in much less time than ten months, the period that elapsed in Ribout's case; and it is to this circumstance, rather than to the supposed fact that "very few colchicin tests are as yet known," that we are disposed to attribute the failure of the analysis made by Vulpian and Brouardel to detect the active principle of colchicum. Colchicin is readily soluble in water, alcohol, benzol, and amyl alcohol, and almost insoluble in naphtha. With dilute acids and alkalies it gives a yellow solution. It is intensely bitter to the taste. Even minute quantities in strong sulphuric acid develop a gamboge-yellow colour. Nitric acid turns it violet, and this changes quickly to a dirty brown. It differs from many other organic poisons by not being precipitated by potassio-cadmic iodide, potassio-mercuric iodide, picric acid, mercuric chloride, or potassic ferrocyanide. It is precipitated by tannic acid, potassio-bismuth iodide solution, phosphomolybdic acid, terchloride of gold, and solution of iodine in iodide of potassium. The symptoms are chiefly those of a gastro-intestinal irritant—vomiting, purging, &c. Heat and cramps are felt in the extremities; the intellect is not primarily affected.

INQUESTS IN CASE OF ACCIDENTS.

AN inquest was held on Oct. 13th at the Saracen's Head Hotel, Lincoln, before Mr. Lowe, City Coroner, touching the death of a young lady, aged fourteen, who had met her death from violence. The facts of the case were well known, and the only interest attaching to it of a medico-legal nature related to the duty of a medical man as regards affording the coroner information of the death and its alleged cause. It appears that the deceased whilst running down a yard tripped and fell heavily against a stone. At the moment she appeared simply stunned, and when questioned said she was not much hurt. Shortly afterwards she became unconscious, and remained more or less in this condition until she died, thirty-six hours afterwards. The surgeon who was called to the injured child found a small puffy swelling above the left ear, but no conclusive sign of fracture. From some misunderstanding he gave a certificate of the cause of death, which was duly registered; but the coroner, hearing of the circumstances of the accident and its result, ordered an official inquiry, which in truth he was bound to do. It does not seem that any special blame attached to anyone in this particular case, as no one was suspected of foul play, and there was no reason to believe that the fatal event was other than purely accidental. At the same time, it should be generally known that whenever a death occurs from other than natural causes, it is not only required by law that an inquest shall be held, but highly desirable on general grounds. If one man gives another a blow, and the injured person dies within twelve months, the offender is chargeable with having caused his death, and he will be liable to be punished if it can be shown that the life of the deceased was shortened by even one hour by reason of the violence. From this it will be seen how important it is that all the facts relating to cases of death from unnatural causes shall be proved in evidence and recorded. It is certainly the rule for medical men to see that the coroner is supplied with the information on which he is empowered—and, in fact, compelled—to order a public inquiry; although we believe there is no special law compelling them to do so. Apart from the inducement in the shape of inquest fees held out to furnish such information, it is a moral obligation on a doctor to further the ends of justice by so doing; and as regards matters of life and death, it is obvious that a medical man has in reality to decide by his testimony the most momentous questions. A reference to the verdicts returned "in accordance with the medical evidence" is sufficient to prove the truth of our contention. From the sequence of symptoms in the above

case, it seems probable that the immediate effect of the *concussion* was recovered from, but that it was rapidly followed by *compression* of the brain. As there was a puffy swelling above the left ear, it is not unreasonable to suppose that the skull was fractured and that the middle meningeal artery was wounded, but in the absence of a post-mortem examination it is impossible to speak with certainty.

METROPOLITAN ASYLUMS BOARD EXPENDITURE.

THE conference of London vestrymen, which was held on Monday at the Mansion-house, to consider the subject of the alleged extravagance of the Metropolitan Asylums Board, will probably serve to increase the feeling that London government reform cannot much longer be delayed. With very few exceptions, the vestries have entirely neglected to make any hospital provision for cases of infectious disease occurring in their districts, but have thrust the whole duty of providing for this class of sick persons upon the Metropolitan Asylums Board; it cannot be denied that criticism from such a quarter comes with very ill grace. Unwilling to carry out their own duties, they are disposed to place every obstacle in the way of other boards which have acted on different lines. But, apart from this, there is no doubt that the procedure of the Metropolitan Asylums Board requires considerable modification. Perhaps the best argument which could be used in favour of the view that there should be an inquiry into the action of the Board, either by a Royal Commission or by a Parliamentary Committee, is to be found in the fact that the managers have regarded all consideration of the question as to whether the influence of their hospitals was beneficial or otherwise to the metropolis as entirely outside their province. It was, they held, their duty to provide hospitals, but not to concern themselves with their effects. Certainly the managers have been driven to modify their procedure from time to time, but this has been the result of information obtained by costly lawsuits, and not by any inquiry which the managers might without difficulty themselves have instituted. Loss of money is not the only result of this policy; the lamentable loss of life which has taken place in the neighbourhood of these hospitals would not have been tolerated for a moment were it not brought about by what is usually considered a "natural cause" of death. This question is of far greater importance than that which is related to the improper expenditure of money by one person or another; but the two are indeed inseparable, for they both bear evidence of faulty administration. That the Board has in some direction rendered great service to London no one can deny; that it might, had it been properly advised, have rendered greater service, is equally obvious. Had the spirit of the vestries pervaded it, it would have done nothing, and to this extent it is to be commended; but it is a matter for regret that greater care has not been taken to ensure that its action should be attended by the greatest amount of good.

THE MORPHIA ABUSE.

IF it be justifiable (which we take leave to question) for medical men to resort to the expedient of injecting morphia under the skin, in and out of season, for the relief of really trivial aches and pains, or for slight attacks of "wakefulness," it is manifestly inexcusable that the lay public should be permitted, and even encouraged, to abuse this potent agent for the sake of ease or false sleep. The growing practice of giving and taking hypodermic injections needs to be checked. It is already becoming quite a common thing to meet with persons who are much addicted to this misuse of morphia and other drugs, and who have so impaired the stability of their nerve centres that they are the victims of a persistent weakness and irritability which greatly embarrasses, if it does not wholly baffle, the treatment of ordinary diseases. Only those who are behind the scenes know the extent to which this abuse is carried. The morphia-taker is seldom truthful. He will assure his medical adviser that he rarely has recourse to the drug, when he is actually in the habit of taking what is relatively a large quantity on the slightest excuse or provocation. By-and-by the insidious habit becomes so overpowering that he cannot leave it off, and he has recourse to all sorts of stratagems to conceal what he feels to be a secret vice. Something ought to be done in the matter, and at once. It is for the profession to consider whether the use of morphia, even when administered by medical men, is not becoming too reckless. We incline to think it is. In any case, patients ought not to be allowed to use the drug themselves. The instrument makers could tell a startling tale of the number of hypodermic apparatus sold to the public every year. While we condemn and try to limit the abuse of alcohol, let us beware lest we foster the growth of a habit which, if possible, is even more pernicious than that of "drink."

THE NEW ENTRIES.

THE following are the numbers of new students at the Medical Schools from which returns have been received:—

	Full course.	Occasional.	Total.
St. Bartholomew's	132	16	148*
University College	67	69†	136
St. Thomas's	89	24	113
London	77	31	108
Guy's	59	32‡	91
St. Mary's	52	29§	81
King's College	47	31‖	78
Charing-cross	53	10	63
Middlesex	35	5	40
Westminster	27	8	35
St. George's	(No return.)		

* Gentlemen attending the London University classes only are not considered students of the hospital, and are not included in this return.
† For Preliminary Scientific.
‡ Including fifteen for Preliminary Scientific.
§ Including twelve for Preliminary Scientific.
‖ Including seventeen for Science classes.

Of the freshmen who have entered Cambridge University this term, 104 have already announced their intention of taking up the study of medicine. The return cannot be made complete until the results of the October previous examination are known, for many do not apply for registration or inform their tutors of the career they wish to follow until this preliminary examination is passed.

TOPICS FOR THE RUSSIAN MEDICAL CONGRESS.

A LENGTHY programme of subjects for discussion by the congress of St. Petersburg and Moscow Medical Societies, to be held from Dec. 26th to the 31st, has been published. Amongst other topics the following may be mentioned: Self-help for Medical Men; Post-graduate Courses; the best way of increasing the knowledge of Ophthalmology amongst Russian Surgeons; unanimity in methods of Disinfection; Hospital Diets; Paraldehyde in Whooping-cough; Disinfection in War; Tubercular Joints; Transfusion; Antiseptic Midwifery in Hospital and Private Practice; the need of a special Obstetrical and Gynæcological Society in St. Petersburg, and the establishment of a special journal dealing with this department. Anything like a full discussion on all the topics included in the programme would of course require much more than a week, so that it is probable preference will be given to certain selected subjects, and the others passed over in a somewhat cursory manner. The social questions will naturally require a good deal of ventilating, especially as their exact limits are very indefinite. What, for instance, is included in, or excluded by

the term "self-help"? If some sort of imitation of our defence associations is suggested, we fear our Russian *confrères* will run the risk of transgressing the law; the "samo-pomóshch," or self-helper, being liable to be punished as a "samo-oopravstvo," or self-made administrator of justice. Perhaps it is merely intended to discuss a system of medical ethics, or a system of sick or other benefits.

AN HONOUR TO A MEDICAL MAN.

IN presenting the Albert Medal to Dr. S. C. Thompson, of the Tyrone Infirmary, the Lord-Lieutenant of Ireland paid a just tribute to the personal courage of Dr. Thompson, and took the opportunity of saying some handsome things about the professors of medicine as a body. The Earl of Carnarvon is the only English peer who has a near relative at this moment engaged in the practice of medicine, and therefore it was with peculiar fitness that it fell to his lot to make this public recognition. Such courage as Dr. Thompson has displayed, and for which he was worthily rewarded, is, we have reason to believe, common to the profession. Every day deeds of self-sacrifice, in the truest sense heroic, are done by medical men, and it is pleasant to see that they are occasionally recognised. "Every year thousands of illustrations of self-denial, self-sacrifice, and sympathy with human suffering in its most terrible forms are exhibited, and not less courage in its best and highest sense." These were the words of the Lord-Lieutenant, and they do not overstate the case. The honour done to one of its members is appreciated by the whole profession. We congratulate Dr. S. C. Thompson on his courageous discharge of duty, and on the recognition his merit has received at the hands of the Sovereign. It is somewhat remarkable that this presentation should have taken place as nearly as possible on the anniversary of the death of another medical hero—the late Dr. Rabbeth.

GALVANO-PUNCTURE IN PELVIC HŒMATOCELE.

M. APOSTOLI strongly recommends the use of galvano-puncture in peri-uterine hæmatocele. The instrument he uses is a trocar of medium size connected with the negative pole of a battery, the other electrode being of considerable size and applied to the back or thigh. Care must of course be taken to avoid wounding the uterus, intestine, or any important bloodvessel. A large dose, even as much as 100 milliampères, should be given, the resulting slough and fistula being proportional to the current employed. As to the duration of the galvano-puncture, five or six minutes is usually sufficient, but should be regulated by the loss of substance and chemical action which it seems desirable to produce. M. Apostoli thinks that all peri-uterine hæmatoceles should be treated in this way, and that the earlier the operation is performed the better. Antisepsis should be carried out as far as possible, first by heating the trocar prior to puncturing, and afterwards by carbolic acid injections into the sac twice a day.

SANITARY STATE OF NEWHAVEN.

WE have received certain communications relating to the sanitary state of Newhaven, which aim at showing that matters are not as bad as they have been described, and that the principal drawback in the town is connected with local bickerings, recently culminating in legal proceedings, which involved, amongst other questions, the initial one as to whether the present Local Board of Health is legally constituted or not. A correspondent of *The Times* also implies that the main cause of nuisance is one which attaches to all ports, is irremediable, and in no way affects health. But his further contention that "all drains must be only elongated cesspools" necessarily does away with much of the value of his communication. So far as we have read, no one is able to deny the accuracy of the principal allegations made by Lord Sheffield, and which go to prove that there exist in Newhaven sources of nuisance and of danger to health which call for immediate remedy, and which, if still further neglected may before long prove themselves potent for much mischief. So, also, a mean death-rate of 18·6 per 1000 for the last three years—and this on a small population of 3700, who, it is contended, have all the advantages of sea air, cleansings of tidal basins, &c.—is certainly a rate which might be substantially reduced, especially in view of the fact that one of its component parts is an infantile mortality comparable to that in our town slums. If local prejudices and ill-feeling hinder the Local Board in its work, this small population, lying at one of the main entrances of the kingdom, ought to be deprived of its power still further to neglect the provision of the needful remedies, by being merged in the rural sanitary area of the union of which it forms a part.

THE HARVEIAN ORATION.

ON the 19th inst. the Harveian Oration was delivered in the library of the Royal College of Physicians by Dr. Quain. The subject dealt with was the progress of medicine generally and the particular advances which had been made in physiology, pathology, therapeutics, and preventive medicine. At the conclusion of the oration, Sir W. Jenner, President of the College, presented the Baly Medal (which is awarded once in every two years for original research or discovery, though the author of any work or works displaying great learning and ability may be adjudged the winner) to Mr. William Kitchen Parker, for his researches in Minute Comparative Anatomy—the anatomy of the skull especially. Sir William, in a graceful manner, expressed the pleasure it gave him to present the medal to a member of his own profession, and one who commenced life as he did as a general practitioner.

"TENNIS ELBOW."

THE pages of the daily press have lately been enriched with numerous letters from gentlemen who have had the misfortune to suffer from what is popularly known as *tennis elbow*. We say popularly, for, on comparing the communications in question, it will be obvious to the professional mind that the laity have no exact knowledge of the particular injury incidental to indulgence in a fashionable and healthy exercise. With so many complicated and rapid movements as are involved in the vigorous handling of the racquet, it is somewhat surprising that mishaps are not more frequent. It seems probable that unresisted strain may fall upon more than one part of the mechanism called into action in tennis-playing, but we believe that in the large majority of cases it is the supinator brevis that bears the brunt of the mischief. The shortness of the muscle, which limits the distribution of recoil, and its broad base of attachment to the radius, render it peculiarly liable to suffer from sudden arrest of forced movement. At the same time the distress is aggravated by the tension on the posterior interosseous nerve, which runs for a considerable distance in the substance of the muscle, just in the same way that pain may be felt in the course of the ulnar nerve from violent or sustained flexion of the elbow-joint. A lesion which is imperfectly recognised is sure to find a host of vaunted remedies, and thus it is that one correspondent "decided to ignore embrocations, fomentations, and indeed applications of any kind whatsoever, leaving the peccant hinge to nature"; whilst another used Elliman's embrocation—whatever that may be,—cold sponging and friction, six weeks' rest, and

overhand "service"; and a third treated himself with "an alkaline rheumatic mixture," combined with "absolute repose." By a natural instinct they all resorted to that invaluable therapeutic remedy—rest. For the benefit of future victims of the game, we advise the skilful treatment by a medical man who has scientific knowledge to guide him aright, in preference to the attentions of the quack, or the empirical use of nostrums, even though reputed as infallible.

A THREATENED EPIDEMIC OF HYDROPHOBIA.

IT would be a splendid achievement if hydrophobia could be banished from our midst, and certainly the thing is not so hopeless as at first sight might appear. At all events, the subject presses once more to the front. The number of cases of hydrophobia is alarmingly on the increase; and as the doctrine of spontaneous generation of rabies seems untenable, it is patent that contagium is the only route by which the disease is spread. It seems horrible to contemplate the annihilation of the canine race, and such a suggested scheme is as unnecessary as dreadful. Mr. Price has wisely stirred the public press in this matter, and endeavours to portray in popular language the early symptoms of the dumb or paralytic and irritative forms of rabies in the dog. Unquestionably a recognition by every individual of the early symptoms of canine rabies would be an extremely useful, valuable, and life-preserving kind of knowledge. A dog that slobbers with hanging jaws and barks unnaturally is an easy description to remember, and ought to lead to the dog's timely destruction. In the other form of madness the animal is not "dumb," but snappish, even whilst he retains perfect memory of his master and friends; in this variety also the bark is altered from the natural, and a dog's master should be the earliest to recognise the change. Cauterisation of the dog-bite is well enough in its way, but it is inadequate, chiefly because the mischief has been done long before the caustic comes in contact with the wound, and partly also because the caustic is rarely effectually and thoroughly applied. Undoubtedly the best thing that can be done is to suck the wound freely, so as to draw as much blood and fluid from the bitten part as possible.

MILK, BUTTER, AND BUTTERINE.

THE conference held at the Dairy Show brought out some facts of as much interest to the consumer as to the producer. It appears that, owing to the large importation of butterine and the sale of this article as butter, it is impossible to produce, import, and sell pure butter at a profit. Butterine can be sold at £3 13*s.* per cwt., while imported butter sells at £5 9*s.* per cwt. There may not be much difference in the nutritive value of these two fatty articles of food, if digested and assimilated; but there can be no doubt of the dietetic value of the one over the other, and both fall in these respects much below that of sweet fresh butter. An improved process has been invented for the separation of cream from milk, to which the Dairy Show Committee has given its approval, by which the "separated" milk is preserved in a condition of perfect sweetness and freshness. The objection to skim-milk has always been that it becomes sour and rancid, and otherwise undergoes decomposition. By the new process of creaming this objection is obviated, and sweet milk from which fatty matter has been separated will become a purchasable article at about half the cost of ordinary milk. It must not be assumed that milk thus deprived of its fatty constituents is as valuable an article of diet as when these fatty matters are retained. Nature would not have designed milk in its pure state for food had its constituents been of no nutritive value. No doubt milk deprived of its cream is a useful article of diet, and it is possible to supply fatty matter in some other and less costly form than cream. The rich willingly pay highly for cream as a luxury; indeed, the price of cream is altogether out of proportion to its nutritive value. In this way the separated milk may become a cheap nutrient for the poor, which they could not obtain under other circumstances; but it cannot be equal to new milk. Public analysts will have to be on the alert in their examinations of milk, for it is probable that attempts will be made to reëmulsionise the milk separated from its cream, and thus make it resemble new milk.

OVERWORK IN THE HOUSE OF COMMONS.

MR. SPEAKER PEEL is of opinion that the hours devoted to business by the House of Commons are inexpediently prolonged; and that one effect of this overwork is that the work done is bad. Most persons will thoroughly agree with him. We doubt whether much of the speech-making, which mars legislation, would not cease if the practice of droning the hours away in a half-dreaming state of stupid excitement were discontinued. The dinner-hour in the House of Commons is a woful opportunity for small-talking of the lengthy sort. Some years ago the press made a feeble attempt to Boycott the late and long speechmakers by declining to report after a certain hour; but this could not be carried out effectively. It would be far better to make a rule that the House shall adjourn at midnight. From 4 to 12 (eight hours) is quite long enough for any sitting. The business done after that length of time is badly done. The legislators are sleepy, and the intellectual work they do after midnight is wondrously sleepy too.

EFFECTS OF CHEMICAL SUBSTANCES IN THE TISSUES.

IN order to observe the effect of chemical substances on the production of suppuration, atmospheric germs being excluded, Scheuerlen introduced capillary glass tubes containing the substances to be observed through a long hollow needle thrust under the skin in dogs, so that the substance was placed in the tissues a considerable distance from the external puncture. An examination was made several days after the operation, and it was found in all cases except one, where the puncture was still unhealed and the track of the needle open, that no pus whatever had been formed, and that there were no micro-organisms, but a tendency to encapsulate the bit of glass by connective tissue.

LABELS FOR MEDICINAL POISONS.

THE accidental poisoning of a child two years old at Plumstead a few days ago by a strychnine mixture intended for her father has naturally attracted a share of public attention. In particular, the fact that the bottle containing the medicine was not labelled "Poison" has given rise to some discussion. The explanation given for this circumstance by the medical attendant who supplied the mixture was that to use a label was contrary to the custom of practitioners, the mixture not being poisonous if the doses were taken as prescribed. This statement is strictly in accordance with the wording of the Act regulating the sale of poisons as at present constituted. It offers the strongest legal defence in a case like that referred to, where accidental injury has resulted from a misuse of medicine. The dispensing practitioner thus occupies a different position from the chemist and druggist strictly so called. We do not, however, see that it is necessary to refer to the written law in order to assure ourselves that here the fault was really negligence on the part of those who had charge of the deceased child. The strychnine mixture, as far as appears, was poisonous only in exceptional circumstances—viz., when swallowed

without stint by a young child. Now, infants and young children are peculiarly prone to be affected even by minute quantities of certain poisons, so that a compound of which more than a single dose would not gravely influence an adult might easily prove fatal to one of them. Were all medicines thus labelled with regard to their remotest possibilities, poison labels would be very common indeed. One conceivable result of such procedure might be a panic of needless distrust on the part of the public, whose physic was thus safeguarded, not in their interest but in that of their offspring. Health would not gain, but lose, by such extreme precautions. Another aspect of this question is of greater interest. This has to do with the manifest deficiencies of the Poisons Act in relation to the rapid advances of therapeutic discovery in recent years, and to the methods of medical practice. Many remedies, highly injurious if freely taken into the body, have come into common use since the amendment of the Act in 1868, and are not enumerated among the poisons recognised at that date. Among such are carbolic acid, chloral, chromic acid, pilocarpine, &c. With respect to medical practice, it does not seem unreasonable that some precautionary sign should be affixed to the stronger preparations—to many embrocations, for example—which are sent out by practitioners to their patients. If the medical profession are still to exercise the functions of the apothecary, this is no reason why the public should not be warned against accidental mishap as when the vendor is a professed chemist. It is possible that a future extension of the amendment of 1868 may cover these deficiencies.

ALKALOIDS IN OLD FLOUR.

IT is asserted that flour kept in sacks undergoes in the course of years certain changes attended with the production of alkaloids. In order to prove the point the flour is first treated with ether. The ethereal product is evaporated to dryness over a sand bath, when a fatty matter remains, which is acid, exhales a penetrating and disagreeable odour, and has an acrid taste. This product is treated with a little hot water, and allowed to remain for a few minutes over the sand bath. In the cold decanted water alkaloids may be recognised on glass slides by the appropriate reagents (double iodide of mercury and potassium, ferrocyanide of potassium, and perchloride of iron). The reactions may be obtained with flour that has been ground from a year to eighteen months; they are more marked with flours from two to three years old. The extract, administered to sparrows, causes death with all the symptoms of poisoning. The same methods fail to extract alkaloids from recent flours. M. Ballaud, who is responsible for the above-mentioned examinations (*Journal de Pharmacie et de Chemie*, No. 8), believes that the alkaloids are formed in consequence of the acidity of old flour during the transformation of gluten under the influence of the natural ferment of wheat.

THE WEST LONDON MEDICAL AID INSTITUTE.

A CIRCULAR has been distributed in the neighbourhood of West Kensington and Fulham inviting subscriptions for the necessary preliminary expenses of one of the numerous experiments in providence in regard to medical matters which are so popular just now. The names of Dr. Robert J. Lee, Mr. A. G. Wells, Mr. Addinsell, and Mr. Philip Birch are mentioned in the circular as giving their professional support and being willing to receive subscriptions. The treasurer is Dr. Robert J. Lee. There are terms for members and for non-members, and subscribers may obtain orders for distribution to deserving cases at the rate of 1*s.* per case, the recipient to be entitled to the same advantages as non-members. Members may select their own medical attendant, and may see him either at the Institute or at his own house. The terms for members are 6*d.* per month; for families (including all children under fifteen years), 1*s.* per month; for non-members, first consultation 1*s.*, all further consultations 6*d.*; all home visits 1*s.* No charge is made for medicines. The number of free cases will, of course, be an unknown quantity at the discretion of those who give shilling orders. There is so much that is objectionable in all existing forms of medical charity that we do not like to speak severely of any honest attempt to deal with the poor on independent terms. But there are several objections to such a method of proceeding as is adopted in this case. The distribution of handbills over a large district, with the names of three or four medical men, is open to much objection. The terms for non-members are not very dignified. And we find no indication of tests for the fitness of applicants, either as members or non-members. Unless such tests are forthcoming, very great harm might be done by lowering the public estimate of medical service and tempting the patients of other medical men by the advertisement of low terms.

"TO WHAT RELIGIOUS DENOMINATION DO YOU BELONG?"

Is this a proper question to be put to a candidate for the office of nurse in a workhouse or any other infirmary? Those who think it is urge that the attendant at a bedside has "a certain amount of spiritual influence," and they naturally wish that influence to be exerted in the direction which they personally think to be "the right." We venture to contend that it would be far better to dismiss the idea that a sick-chamber is a proper "field for usefulness," and restrict the "care for the sick" to matters of physical recovery. There is really no other way out of the difficulty. Protestants must dislike Roman Catholics, and Roman Catholics must be dissatisfied with Protestants, because each think the other wrong. Neither could be sincere if it were not so. Who is to decide between them? It may be argued that each should have their separate hospitals for their own people. So far as may be this sectarian policy is carried out; but in workhouses the classification of sick paupers on religious principles is not easy. Therefore we say it is better that such questions as that above propounded should not be asked.

A TEACHING UNIVERSITY.

AT a meeting of the professors of all the Faculties of University College, London, held on Monday last, it was unanimously agreed that neither the scheme of the Association for promoting a Teaching University for London, nor that of the Convocation of the University of London, was satisfactory.

INFECTED SOLUTIONS.

A SUBJECT of considerable practical importance is treated by Dr. Eccles in the current number of the *Pharmaceutical Record*. Attention is there drawn to the various ways in which medicated solutions have their properties impaired through the growth of different kinds of fungi. It is pointed out that the liquors which are specially prone to undergo alteration are the alkaloidal solutions, together with aromatic waters, dilute solutions of phosphoric, citric, tartaric, oxalic, and other acids and their salts. As the writer indicates, the commercial loss, though considerable, is of far less moment than the hygienic considerations involved. He regards it as a delusion that filtration will purify such altered solutions. Whether the organisms be algæ or fungi is a matter of little importance, compared with the fact that they induce processes akin to fermentation in which the chemical characters of the fluid are altered and their physiological

action impaired, destroyed, or even altogether changed. After discussing the subject in all its bearings, Dr. Eccles comes to the conclusion that benzoic acid is the best antiseptic and remedy against the development of these infecting organisms.

DRUNK OR DYING?

AN elderly woman taken suddenly ill in a tramway car is removed by the police and locked up for being drunk. Subsequently it is found that she is dying, and actually dies. The illness was paralysis. Who is to blame? No medical man seems to have been called to see the sufferer until after the lapse of some hours. There is nothing especially notable in the case—indeed it is quite common-place; but it is very terrible that an occurrence of this sort should be possible, in spite of all that has been said and written on the subject. When will the guardians of public safety be compelled to call in medical aid in *all* cases of unconsciousness, or even incapacity, whether from drunkenness or any other cause? None but a practised medical man can distinguish between the effects of drink and certain forms of toxic or paralytic disease.

COLOUR TESTS FOR STRYCHNIA.

SOME very delicate colour tests for strychnia have been published in the *Pharmaceutical Record* by Mr. Hinsdale. Cerosoceric oxide is a powerful oxidising agent, and was introduced by Sonnenschein as a test for alkaloids. It is easily prepared by igniting cerous oxalate in an open crucible. Mr. Hinsdale prepares it for testing by mixing about one-tenth of a grain with five or six drops of sulphuric acid. The hydrated peroxide of manganese is found also to be much more delicate as a test than the ordinary peroxide in fragments. Wenzell's method of testing with permanganate of potash is to dissolve 1 part in 2000 parts of sulphuric acid. With the cerosoceric oxide the purple, pink, and red play of colours that strychnia produces are very distinct, and the red colour lasts a much longer time than when caused by any other reagent.

THE LICENSING OF THEATRES, ETC.

IT will be well if the proposed change in the system of licensing theatres can be carried into effect. The Metropolitan Board of Works, being now responsible for the proper construction and the safe custody—so far at least as fire is concerned—of public and private buildings, should certainly be the licensing authority. If for the sake of etiquette the Lord Chamberlain and the magistrates issue the licences, they ought to do so only on the certificate of the Board of Works. Meanwhile something more than this reform is needed if the management of places of public entertainment is to be placed on a thoroughly satisfactory footing. Perhaps a better system of government for the metropolis and the establishment of county boards may, together, provide new facilities for the measure of reconstruction which the matter as a whole requires.

SALE OF METHYLATED SPIRIT IN SCOTLAND.

THE insatiable thirstiness of some Scotchmen leads them to buy methylated spirits on Sundays, when, in accordance with the Forbes-Mackenzie Act, other spirits cannot be purchased. One Robert Wilson has been fined £20 in two cases for having sold to each of two parties one gill of methylated spirit on Sunday, August 9th. He was the more deserving of this, and indeed of a much heavier fine, for not only thus breaking the law, but for putting on his premises the sign "Medical Hall." The magistrates of Scotland should be more severe on those who thus endeavour to counteract a good law.

"LUNATICS IN GAOL."

IT is quite true that lunatics, being sick folk, ought not to be sent to gaol; but we cannot, on that account, believe that they ought, as an alternative expedient, to be remanded to workhouses. The authorities *must* find a way out of the difficulty, and they will do so if only medical officers will be firm and refuse to disobey the law of the land for the sake of facilitating the proceedings of local guardians of the rates. We emphatically urge the officials of workhouses to act with strictly legal precision in this matter, leaving it to the boards, local and central, to make whatever new provision may be necessary, or to bring about a change in the law.

THE ROMAN SANITARY CONFERENCE.

THE question of the reassembling of the International Sanitary Conference of Rome is being dealt with. It will be remembered that as soon as the Technical Commission had presented the result of its labours to the full Conference, that body was adjourned until Nov. 16th. According to the *Popolo Romano*, some of the States who were represented at the Conference in May last have not yet sent in their adhesion to the proposal for its reconvocation.

THE HOSPITALS OF ROME.

A COMMISSION, specially appointed by the Royal Academy of Medicine of Rome, has pronounced a very unfavourable opinion on the hospitals of the Italian capital. It condemns the position of all, with the solitary exception of the Hospital of St. John in Lateran; but the construction and sanitary arrangements are censured without reservation.

THERE appears to be some difficulty at Yeovil with respect to the election of a medical officer for No. 2 district of the union. The preference of the majority of the guardians seems to lie with Mr. Colmer, who has held the post for some time, but who is objected to by the central board in consequence of his not residing in the district. At a recent meeting of the board of guardians, after a rather lively discussion, Mr. Colmer was re-elected, in spite of the disapproval of the Local Government Board.

SPANIARDS are not generally credited with being in the van of hygienic science, but in one particular they would seem to be in advance of ourselves. A Royal decree has been promulgated ordering the corporations of all towns whose population exceeds 100,000, on the request of the local educational committee, to appoint a medical inspector of schools. The salary is to be fixed by the corporation.

IN connexion with the Young Men's Christian Association, a course of five medical lectures will be delivered at Exeter Hall on Tuesday evenings, commencing on the 27th inst. The lecturers are Mr. Cantlie, Sir J. Risdon Bennett, Sir Henry A. Pitman, Mr. F. Le Gros Clark, and Dr. Carpenter. The chair will be taken each evening at 8 o'clock, and the fee for admission to the course is one shilling.

AT the meeting of the Medical Society, University College, London, on Wednesday next, the 28th inst., a paper will be read by Dr. J. E. Squire, entitled, "With the Field Force at Suakim." The personal experiences of the author, who went out to the Soudan with the National Aid Society, will no doubt be of exceptional interest.

THE Bowman Lecture will be delivered at the Ophthalmological Society at 9 P.M. on Friday, November 13th, by Dr. Hughlings Jackson, F.R.S. The subject will be "Ophthalmology and Diseases of the Nervous System."

CHOLERA PROSPECTS FOR ENGLAND.

WE have now reached a period when we may fairly form a judgment as to the more immediate cholera prospects for England. Although cholera in Europe usually follows certain definite rules as to climate and season, yet it deviates from these sufficiently often to impart an element of uncertainty to any opinion concerning its movements. But notwithstanding this, the chances of any extension of the present epidemic to this country are now so remote that we may fairly conclude that we have for a third year escaped from the danger with which we have been threatened. It is true that in 1884 our greatest danger did not arrive until Paris had become infected, and that this did not take place until we were well into the first week of November; but, on the other hand, the extent and the area of diffusion of cholera in France was last year far greater than it has been this year, and cholera deaths occurred in 1884 both at Toulon and Marseilles until about the end of November. This year, on the contrary, France has practically been free from cholera for some time, and the main risk we have to contend with lies in our shipping relations with Spain and Sicily, and these are limited both in amount and in the number of home ports concerned. So, also, we have had evidence that the vigilance and activity which have been exercised by our port authorities with regard to any such importations have been successful, even when, in a few occasional instances, there was reason to believe that isolated cases of the disease had found their way to our shores. And, further, the danger from places in the south of Europe which are still infected is every week becoming less by reason of a general subsidence of the epidemic. On the whole, therefore, we may with a considerable degree of confidence conclude that we have another season before us during which we may, unhindered by any element of panic, go on maturing our preparations to withstand such danger of cholera importation as may recur next year; and we have the satisfaction of knowing that the preparations needed are precisely those which will tend to diminish mortality from other causes than cholera, and that the needed expenditure will in the end tend to our prosperity.

THE ROYAL COLLEGE OF PHYSICIANS AND MEDICAL DEGREES.

THE extraordinary meeting of the Fellows of the Royal College of Physicians on the 16th inst. was very largely attended. The meeting had been summoned to consider a report from delegates of the College appointed, on the invitation of the Council of the Royal College of Surgeons, "to consider the question of the advisability and practicability of granting the title of 'Doctor' to persons who have received the diplomas of the two Colleges." The report was presented in July, but discussion upon it was adjourned until this month. After the adoption of the report had been moved by Dr. Fincham, Vice-President of the College, and seconded by Dr. Habershon, Senior Censor, a prolonged debate arose, and much divergence of opinion was expressed. Drs. C. West, Gowers, Sansom, Barnes, and Wilson Fox spoke in favour of the proposal; Drs. Paget, Bucknill, and Greenfield expressed views more or less in opposition; and Dr. Payne suggested an alternative; but no vote was taken, the adjournment of the debate being carried on the motion of Sir A. Clark, seconded by Dr. Pollock.

The Committee reported that they had fully considered the question, as well as the memorial signed by more than 600 teachers, practitioners, and students of medicine, advocating the amalgamation of the two Colleges into one Royal College of Medicine, for the purpose of granting degrees in medicine; and they submitted two resolutions for the approval of the College, the first affirming the desirability of a degree in medicine and surgery being conferred upon persons examined and found duly qualified by the College of Physicians and the College of Surgeons conjointly; the second, declaring that the curriculum and the examinations of the two Colleges are equal to those required by most of the Universities for degrees in medicine and surgery. The Committee also expressed the opinion that means could be found for giving effect to the resolutions.

Dr. FINCHAM, in moving the adoption of the report, urged the scheme on the ground of justice to the London students, and the fact that London possessed the greatest field for clinical teaching in the world. Whilst by no means denying the admirable system of teaching in Edinburgh, he contended that it would be detrimental to students for them to be compelled to abandon London in order to obtain a degree.

Dr. HABERSHON seconded the motion, and declared that it was not unreasonable that students coming to London should enjoy the same advantages as those of Dublin, Edinburgh, Aberdeen, Glasgow, and elsewhere. The fear that the doctorate would be rendered worthless would be allayed by instituting a more liberal preliminary education; and since the University of London was unable to widen its doors, but required a lengthy curriculum beyond the reach of most students, there was no other course open. He deprecated any attempt to lessen the value of the degrees of the University, and said that nothing could be further from the intention of the College than to injure an institution which has done so much for medical education. In order to obtain degrees students often left London at the close of two years, and thereby missed the clinical work, which was the chief feature of the London schools.

Dr. C. WEST averred that what is for the interest of the profession is for the interest of the College, although some seemed to think otherwise, and held that the profession benefited by the Fellows of the College constituting a sort of medical hierarchy—a view in accordance with the traditions of the College and its old exclusiveness. This was not, in his belief, a position which tended to the elevation of the College or its usefulness; and accordingly he hailed the present movement as indicative of the desire of the College to take an active part in educational reform. He pointed out that in every country but this the right to practise medicine implies or confers the title of Doctor, with the exception of the "officier de santé," a position resembling that of the "apothecary." The public use of the term "Doctor" shows the same general belief, and the public do not discriminate between worthless and real "Doctors of Medicine." Thirty years ago an attempt was made in the College to grant the degree of Doctor to its Members; it may have been dropped, as being beyond the powers of the College. It had been objected that the proposed change would go too far; that a degree should be the stamp of higher knowledge than that of a mere licence to practise. If, however, they were to attempt to discriminate by the introduction of various standards of excellence, his experience as an examiner compelled him to say that the labour of examination for the purpose of determining whether the candidate was entitled to the higher title or not would be enormous. It was only required to grant a degree in *medicine;* and this, with an improved preliminary test, which should not be too severe, the College could undertake, to its own and the public advantage.

Dr. GOWERS said that at first he had entertained strong objections to the scheme, but the more he had thought of its advantages the more important had it seemed to him that it should be carried out. The expressed demand for the degree was less than the real demand; for it was not until the practitioner found himself handicapped in his practice that he felt the need for it. It was a mere matter of chance whether a student in London was in a position to obtain a degree or not; and he fully believed that, if the whole profession were weighed, it would be found that those who did not hold degrees were superior to those who did. He could think of nothing which should prevent the College undertaking this duty. The "general culture" argument was all very well if it could be enforced that everyone holding a University degree should possess a high standard of knowledge of arts and literature; but he would ask what greater amount of culture remained at the age of twenty-five to one who had matriculated at the University of London as compared with one who had qualified at the College of Surgeons. The proposed scheme would not injure other Universities, it might lessen their undue predominance. The

University of London would gain; and he could conceive no greater disaster than that the University should degrade its standard—which was not too high for the highest medical degree in the world. If a Teaching University be ever established in London, it would be through the adoption of the present scheme. In conclusion, Dr. Gowers said that the demand for a degree corresponding to the standard of knowledge required for the L.R.C.P. and M.R.C.S. was one which could not be arrested; it might be postponed for a generation, but if it were not done by the College of Physicians, that body would in the time of its decadence regret that it had not acted up to the duties imposed upon it.

Dr. BALFOUR pointed out that the movement in London would be followed by a similar demand on the part of the Colleges in Edinburgh and Glasgow, and if it came to that the title of Doctor might just as well be conferred on every qualified practitioner.

Dr. MOXON protested against the argument that the Scotch bodies would take the same steps being used to influence the action taken by the College of Physicians of London.

Dr. SANSOM said the answer to that argument would rest in the degree being of University value, the standard being raised to the required level. He trusted that to the medical faculty formed by the Colleges of Physicians and Surgeons other faculties would be added, and London possess a complete University. It would not interfere with the existing University, which it would be a crying evil to induce to come down from its high position.

Dr. BARNES said the question was one of enormous importance to the public as well as to the profession. London possessed the best school of clinical teaching, and men educated there should have as fair a start as those who obtained a degree with the same effort. That Edinburgh should attract as many students as all the London schools combined showed that there was something "rotten in the state of Denmark." The title was a matter of detail, and could be dealt with after the principle had been affirmed. He contended that the general culture of the mass of licentiates was equal to that of University medical graduates who had not taken a degree in Arts.

Dr. PAGET asked what would be the effect of such a change. The College examination was confessedly a minimum examination, passed at the age of twenty-one years, after forty-five months of study. It would be absolutely inevitable, if powers were granted to the London Colleges, that other Colleges would claim and obtain similar rights; for it was inconceivable that such a Legislature as we possess should be able to discriminate so as to grant to London what it would withhold from Edinburgh or Dublin, especially in the face of the Scotch and Irish vote. The effect of London turning out hundreds of "Doctors" would multiply the present injustice tenfold. Moreover, at Universities the curriculum was much longer and the age at graduation higher than those required by the Colleges. It might be said that the injustice would exist only for a few years; but then the degree of M.D. would have ceased to be a distinction, and one of the greatest inducements to higher study would be taken away.

Dr. BUCKNILL criticised the report as going beyond the instructions to the delegates, and characterised the movement as an attack upon the rights and privileges of the University of London, a proposal which would meet with the most strenuous opposition. It involved a great public question, and must come before the Legislature before the powers asked for could be granted. He trusted that the College would maintain before the public its dignity and self-respect, and not show a disposition to trench upon the rights of other institutions.

Sir RISDON BENNETT had been impressed with the weight and value of the views urged against the motion, and asked the College to consider what effect such a change would have upon its position and influence.

Dr. GREENFIELD said the College would be placed in a false position if the resolution were passed in its entirety, and argued for a more thorough inquiry before a decision was arrived at. The scheme, as pointed out, was very revolutionary, and would alter the position of the College towards University degrees. The scheme would practically do away with the value set upon University degrees, which are nowhere obtainable without a prolonged course of study, nor below the age of twenty-four. Yet it was proposed to grant a Doctorate to those who had passed examinations equivalent to those required for the degree of M.B. There was no doubt that the Scotch Colleges would claim the right if granted to the London Colleges; and the result would be in Edinburgh that degrees would be granted to men who had not received the University education. London would suffer as much, for the student would go where he could obtain his degree more cheaply. The University of Edinburgh would receive a severe blow—not from the power being granted to the London Colleges, but from its being given to another body in the same city. He would join in any scheme which, without compromising the dignity of the College of Physicians, would give London students an opportunity of obtaining a graduation title in medicine; but he asked whether it would be possible to go before Parliament or the Privy Council with such statements as those in the report, to the effect that the curriculum was equal to that of most of the Universities. He therefore asked that the matter should be more maturely considered, and moved that the report be referred to a committee for this purpose.

Dr. WILSON FOX said that the question was how facilities for graduation could be given to 90 per cent. of London students. The University of London had for thirty years been deaf to all appeals to reduce the standard of the Matriculation and Preliminary Scientific Examination, and had declared, through its registrar, before the Royal Commission, that it aimed at maintaining the highest standard. The stamp of a "highly qualified" man is in himself, and does not depend on the University; and at present it is a mere matter of chance or money whether a man gets a degree or not. He pointed out that Cambridge and Oxford graduates were largely educated in London; and that although the Edinburgh degree is the type of a well-tested, practical, and good degree, it carried with it no more "culture" than other examinations. The question was a pressing one; it had been raised by the College of Surgeons. Nor would the College of Physicians suffer, so long as its Fellows were properly selected. The action taken in London ought not to be hindered by any fear of what the Scotch bodies would do. England required an available medical degree, and the Edinburgh University could well take care of itself.

Dr. DICKINSON said that the College by its action might do great good or harm, and it ought not to consent to grant degrees which were practically worthless. If, however, in conjunction with the College of Surgeons, they could enlarge their boundaries and confer degrees which would be equivalent to those of any respectable University, he would be glad to see it done.

Dr. PAYNE could not endorse the statement in the report that the curriculum of the Colleges was equal to that of most Universities; of his own knowledge this was not true of at least three Universities. He suggested that a higher examination might be instituted by the Colleges, which should carry a degree with it. If, however, degrees were given indiscriminately to all licentiates, then before a generation had passed every practitioner would be a Doctor, and a degree would be of no value.

On the motion of Sir A. CLARK, seconded by Dr. POLLOCK, the debate was adjourned.

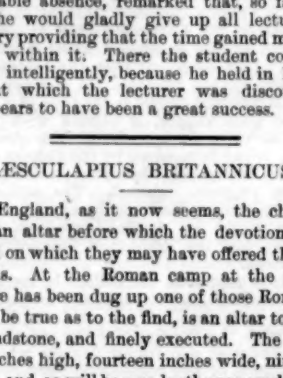
OPENING OF THE BIOLOGICAL LABORATORIES, UNIVERSITY OF WALES.

THE biological department in the University of Wales was opened on Saturday last with great *éclat* by Professor Michael Foster, amidst a large and distinguished assemblage of Welsh and English gentlemen interested in biology. Dr. R. Jones Morris opened the proceedings by reading an address from the President and Council of the North Wales Branch of the British Medical Association to Professor Foster, in which he, in appropriate and happily chosen terms, congratulated Professor Foster on the distinguished position he has won for himself amongst the physiologists of this country. The Professor then read an address on the Nature and Objects of Biological Investigation. He pointed out in the course of his remarks the various modes in which biological knowledge could be pursued, and especially dwelt upon the value of a thoroughly sound knowledge of physiology as a part of the training for a medical degree. He was of opinion that the student who entered a medical

school ought to possess before his admission a thorough knowledge of physics, chemistry, and the elements of biology. He thought also that those who were engaged in learning the art of agriculture might also with great advantage be instructed in the science of biology, since that art appeared to him to demand a wider knowledge, greater skill, and clearer judgment than any other walk of human life. He illustrated this by showing that in many of the farmer's duties a knowledge of biology was essential, as in the breeding of cattle, where he had to produce from a certain amount of fodder the maximum of flesh and fat; and in the raising of his crops, where he had to supply certain salts to the soil to procure the largest possible amount of living material. The advantage of biological work was that it trained the mind to exact observation, which is really what is required in the pursuit of any branch of human knowledge. In conclusion, he strongly recommended that all work should be as far as possible practical and carried on in a laboratory, where alone the truth or error of the statements found in books could be ascertained. A vote of thanks for his address was moved by Mr. W. A. Darbishire, and seconded by Mr. Phillips, the biological lecturer in the college; and the Principal, Professor Reichel, then read an interesting letter from Professor Williamson, who, regretting his unavoidable absence, remarked that, so far as he was concerned, he would gladly give up all lecturing outside the laboratory providing that the time gained might be spent in teaching within it. There the student could listen to the lecturer intelligently, because he held in his hands the object about which the lecturer was discoursing. The meeting appears to have been a great success.

ÆSCULAPIUS BRITANNICUS.

ONCE in England, as it now seems, the chosen god of Physic had an altar before which the devotional paid their homage, and on which they may have offered their sacrifices and libations. At the Roman camp at the Lawe, South Shields, there has been dug up one of those Roman remains, which, if all be true as to the find, is an altar to Æsculapius, made of sandstone, and finely executed. The altar is two feet three inches high, fourteen inches wide, nine and a half inches thick, and, as will be seen by the annexed sketch, bears



an inscription indicating that Publius Viboleius Secundus erected it to Æsculapius. On the other surface, the front, there is on the right hand side a sculptured vase, and on the left a rounded, raised plate, somewhat hollow, and with a handle like a hand-mirror. The vase is the *præfericulum*, the vessel which held the liquor that was used in the libations; the mirror-like object is the *patera*, which was used to receive from the vase the liquid that was to be poured out upon the victim or the altar. Thus Virgil, referring to Dido ("Æneid," l. iv., v. 60), tells us how, at the sacrifice, the all-beauteous queen, herself holding the *patera* in her right hand, poured the libation between the horns of a white heifer:

> "Ipsa, tenens dextra pateram, pulcherrima Dido
> Candentis vaccæ media inter cornua fundit."

At the top of the altar there is another cup-like cavity, and at the back a wreath.

To the antiquarians this relic of the Roman occupation will be at once *crux et prunum*. If we might venture, *notionem primus inferre*, we should suggest that this altar was raised by a centurion of one of the legions, who flourished under the common prænomen of Publius, who was a son of one of the Brutii, hailing from Vibo Valentia, and who raised this monument in honour to the god for some signal cure achieved in his name. The size of the altar and all connected with it conform entirely with the kind of votives which the minor Roman officers were wont to raise to friends or deities. Colchester, Caer-Leon, and Cirencester all supply similar tributes, differing in details, but in intention the same. The peculiarity of the present find is that Æsculapius, after his many escapades—as the son of Sydik—the Just,—as one of the Titanidæ, ruling over Memphis, as god of Arcadia, as son of Apollo out of Coronis, as friend of Jason and Hercules, as married to Epione and sire of Machaon, Podalirius, and Hygeia, as slain by Jupiter, as worshipped at Epidaurus in the form of a serpent, and as finding his way into Rome in serpent guise—should finally turn up in that despised island where the Roman looked on the poor Britons *penitus toto divisos orbe*.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF INSPECTORS OF THE MEDICAL DEPARTMENT OF THE LOCAL GOVERNMENT BOARD.

Diphtheria in the Whixley Sub-district, by Mr. R. D. R. SWEETING.[1]—This district is made up of a number of rural parishes in the Great Ouseburn Rural District. The sanitary circumstances of Green Hammerton and Whixley, the two places most concerned, are much alike. Water is from shallow wells liable to pollution; drainage is by imperfectly constructed drains, having improper outfall; midden-privies are sunk below the level of the surface, and are unroofed; scavenging is irregularly performed, and middens, piggeries, &c., are near to dwellings. At the end of 1883 diphtheria prevailed in two contiguous houses in Green Hammerton, eleven out of thirteen living there being attacked, and four dying. With the exception of the first case, which in so far as etiology is concerned is involved in doubt, personal communication could explain the cause of the disease, which ultimately spread to two other families. In Whixley parish diphtheria appeared in February, 1884, and continued with but little intermission until March of the present year; the total number of attacks being 51 in a population of 521, and the deaths being seven in number. The fatality of the disease was mainly amongst children between five and ten years of age, and during the fourth quarter of the year; and an important influence was exercised in the dissemination of the infection by school attendance. Excepting school closure, no action was taken by the authority to check the epidemic, no hospital was provided for the isolation of the sick, and no systematic disinfection was carried out.

Diphtheria and Enteric Fever at Tottenham.—Mr. Sweeting draws our attention to a statement in our comments on his report of this place in last week's issue, which needs correction. In discriminating between the causes of the two diseases under consideration, he reported that in rather under 20 per cent. of the houses in which diphtheria prevailed were any definite defects of house-drainage noted; whereas such defects were observed in 65 per cent. of those in which enteric fever occurred.

[1] Sold by Knight and Co., 90, Fleet-street; Shaw and Sons, Fetter-lane; Hadden, Best, and Co., West Harding-street; and P. S. King and Co., King-street, S.W.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Holborn District.—During the year 1884 the birth and death rates per 1000 for the Holborn district were, after certain necessary corrections had been made, 27·7 and 23·1 respectively; the corresponding rates for the whole metropolis having been 33·7 and 20·3. The annual report contains but little that is descriptive of the sanitary circumstances of the district—unless, indeed, it be an abstract of the nuisances dealt with and of the places inspected. But it contains a somewhat strong criticism of the report of the Royal Commission on the Housing of the Working Classes. Some of the actual facts cited, such as measurements of rooms &c., are denied; and the general conclusion of the Commission, to the effect that "there has been failure of administration rather than of legislation," is disputed. But Dr. Gibbon goes on to refer to Summers-court, and, noting the statement in the report that two families were found in one small room, he says that since all of them were Italians, unable to speak English, they consider themselves, and are so regarded by our police magistrates, to be all of one family. He then admits that there is in the place considerable overcrowding, as well as a want of cleanly and sanitary habits amongst the Italians; but since they are quiet, orderly, &c., he thinks that it would be inhospitable to attempt to change their habits, and, amongst other reasons for this, he adds, "'Tis their nature so to do." A more complete proof that the question is one of administration could hardly have been afforded by the strongest supporters of the Commission.

St. Giles' District.—On an estimated population of 46,732 the birth and death-rates for 1884 were 32·6 and 26·1 per 1000 respectively, corrections having been made for parishioners who died in institutions out of the district. Mr. Lovett makes special reference to the state of the Shelton-street area, which has been under consideration ever since 1877. In 1883 the district was reported on with a view to its being dealt with under Sir Richard Cross's Act, 1875; but the Metropolitan Board of Works, whilst pointing out the defective sanitary condition of the area, reported that it did not come within the scope of the Act of 1875, and that it should be remedied by the district board. Further communications were, on receipt of this opinion, addressed to the Secretary of State, and a fresh inquiry was held in January last, the result of which has not yet transpired. During 1884 the death-rate for this area was 42·4 per 1000; the zymotic rate also reached 12·9, being 21·8 per 1000 in one single street; and it is stated that if this high death-rate continues, together with the low birth-rate which prevails there, the population would, if not otherwise replenished, soon become extinct. Early this year regulations and bye-laws as to the control of tenemented houses were sanctioned and put into force, and they are obviously a considerable advance upon what has heretofore been in operation.

St. Mary Abbotts, Kensington.—In this parish of 170,000 inhabitants the death-rate for 1884 was 15·1 per 1000, the lowest on record, and the zymotic rate was 1·8 as opposed to 2·7 for the whole of the metropolis. Dr. Dudfield deals at considerable length with the prevalence of small-pox last year, and with the special distribution of that infection in the vicinity of the Western Hospital. He shows that of 177 cases of small-pox recorded in Kensington there was a special incidence upon the area round the hospital, and that the inner circle of that area suffered most of all; and though hitherto, and indeed, still, prominent amongst the supporters of those who have looked for the cause of such incidence in personal communication, he admits that the question whether small-pox hospitals are the cause *per se* of diffusion of infection is *sub judice*, and he is looking forward with interest to learn the result of the investigations into this subject which Mr. Power pursued last year. But whatever the immediate cause of such diffusion may be, Dr. Dudfield is strongly impressed with the view that to increase the number of small-pox hospitals in London would be to increase public danger. The report, which is somewhat voluminous, owing to the amount of space given to the important question of small-pox causation in the metropolis, deals also with a large number of other subjects, such as the action taken as to offensive trades, slaughter-houses, cowsheds and dairies, &c., and in connexion with a chapter on the housing of the working classes it gives details as to the new bye-laws which have been adopted for the control of tenemented houses.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns 5724 births and 3025 deaths were registered during the week ending Oct. 17th. The annual death-rate in these towns, which had been 15·9, 17·6, and 17·6 per 1000 in the preceding three weeks, further rose last week to 17·7. During the thirteen weeks of last quarter the death-rate in these towns averaged only 18·8 per 1000, which was 2·6 below the mean rate in the corresponding periods of the nine years 1876-84. The lowest rates in these towns last week were 9·0 in Huddersfield, 11·1 in Leicester, 14·0 in Hull, and 14·3 in Nottingham. The rates in the other towns ranged upwards to 21·7 in Wolverhampton, 23·1 in Cardiff, 24·0 in Manchester, and 27·0 in Preston. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had declined to 303 in the previous week (a lower number than in any previous week of this year), rose again last week to 340; they included 78 from diarrhœa, 66 from measles, 59 from whooping-cough, 39 from diphtheria, 38 from "fever" (principally enteric), and only 2 from small-pox. These zymotic diseases caused the lowest death-rates last week in Bradford, Derby, and Huddersfield; and the highest in Wolverhampton, Newcastle-upon-Tyne, and Birkenhead. Diarrhœa caused the greatest mortality in Portsmouth and Wolverhampton; measles in Newcastle-upon-Tyne and Brighton; scarlet fever in Preston, Birkenhead, and Wolverhampton; whooping-cough in Cardiff and Birkenhead; and "fever" in Newcastle-upon-Tyne, Norwich, Portsmouth, and Plymouth. Of the 39 deaths from diphtheria in the twenty-eight towns, 23 occurred in London, 5 in Liverpool, 2 in Birkenhead, 2 in Manchester, and 2 in Sunderland. Small-pox caused no death in Registration London (and only one in its outer ring), while only 2 were recorded in the twenty-seven provincial towns—viz., 1 in Nottingham and 1 in Manchester. The number of small-pox patients in the metropolitan asylum hospitals situated in and around London, which had declined in the preceding nineteen weeks from 1389 to 122, had further fallen to 112 on Saturday last; the admissions, which had decreased in the previous four weeks from 47 to 15, were 16 last week. The Highgate Small-pox Hospital contained 3 patients on Saturday last, 1 having been admitted during the week. The deaths referred to diseases of the respiratory organs in London, which had increased in the preceding four weeks from 152 to 231, further rose last week to 301, and exceeded the corrected weekly average by 22. The causes of 75, or 2·5 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Salford, Norwich, Cardiff, and in three other smaller towns. The largest proportions of uncertified deaths were registered in Sheffield, Oldham, Hull, and Newcastle-on-Tyne.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been equal to 16·4 per 1000 in each of the preceding two weeks, rose to 19·1 in the week ending the 17th inst., showing a marked excess upon the rate in any recent week; it was 1·4 above the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns last week ranged from 10·0 and 10·6 in Perth and Leith, to 20·4 in Glasgow and 24·0 in Greenock. The 465 deaths in the eight towns showed an increase of 65 upon the number in the previous week, and included 21 which were referred to diarrhœa, 11 to whooping-cough, 9 to scarlet fever, 8 to "fever" (typhus, enteric, or simple), 5 to diphtheria, 4 to measles, and 1 to small-pox; in all, 59 deaths resulted from these principal zymotic diseases, against 41 and 49 in the preceding two weeks. These 59 deaths were equal to an annual rate of 2·5 per 1000, which was 0·5 above the mean rate from the same diseases in the twenty-eight English towns. The 21 deaths attributed to diarrhœa showed an increase of 3 upon the number in the previous week, but were fewer by 11 than those returned in the corresponding week of last year; they included 7 in Dundee. The 11 fatal cases of whooping-cough exceeded those in the previous week by 3, and included 6 in Glasgow, 2 in Edinburgh, and 2 in Paisley. The 9 deaths from scarlet fever, however, showed a decline of 3; 8 occurred in Glasgow. The deaths referred to

"fever," which had been but 6 and 4 in the previous two weeks, rose to 8 last week, of which 4 were returned in Glasgow and 3 in Edinburgh. Three of the 5 deaths from diphtheria occurred in Glasgow, and the 4 fatal cases of measles showed an increase upon recent weekly numbers. The death from small-pox occurred in Paisley. The Scotch return, however, also classes a death from chicken-pox in Glasgow under the small-pox heading, contrary to the classification now used by the Registrars-General of England and Ireland. The deaths referred to acute diseases of the respiratory organs in the eight towns, which had been 58 and 64 in the previous two weeks, further rose to 93 last week, exceeding the number in the corresponding week of last year by 25. The causes of 74, or 16 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been 21·1 per 1000 in each of the preceding two weeks, rose to 21·4 in the week ending the 17th inst. During the thirteen weeks of last quarter the death-rate in the city averaged 22·9 per 1000, the rate during the same period being equal to 18·1 in London and 15·5 in Edinburgh. The 145 deaths in Dublin last week showed an increase of 2 upon the number returned in each of the previous two weeks, and included 8 which were referred to "fever" (typhus, enteric, or simple), 3 to whooping-cough, 3 to diarrhœa, 1 to measles, 1 to diphtheria, and not one either to small-pox or scarlet fever. In all, 16 deaths resulted from these principal zymotic diseases, against 14 and 11 in the preceding two weeks; these were equal to an annual rate of 2·4 per 1000, the rate from the same diseases being 1·8 in London and 2·3 in Edinburgh. The deaths referred to "fever," which had been 5 and 3 in the previous two weeks, rose to 8 last week, and exceeded the number in any week since the middle of June. The fatal cases of whooping-cough showed an increase, whereas those of diarrhœa had declined. For the first time since the beginning of the year no death from scarlet fever was registered during the week. Four inquest cases and 4 deaths from violence were registered; and 41, or more than a third of the deaths, occurred in public institutions. The deaths of infants showed a marked decline from recent weekly numbers, and those of elderly persons had also declined. The causes of 19, or more than 13 per cent., of the deaths registered during the week were not certified.

Correspondence.

"Audi alteram partem."

"REFORM AT THE ROYAL COLLEGE OF SURGEONS."

To the Editor of THE LANCET.

SIR,—The annual meeting of the Council, Members, and Fellows of the Royal College of Surgeons is drawing near, and momentous are the issues at stake; it is therefore full time that all Members of our College should review their position past and present, and buckle on their armour for the fight. It is no imaginary evil of which they complain, for they have long been left out in the cold, their only privilege being the right to use at hours inconvenient to busy men their own library and museum, when not usurped for other purposes. It is almost inconceivable that so large a body of men should so long have patiently put up with this treatment, but there are now signs of an awakening, and, as a member of the Association of Members of the Royal College of Surgeons, I may state that letters from all parts of the kingdom are pouring in upon us expressing the determination of the Members to assert their equitable rights—ay, and to get them.

The demand of enfranchisement has been stigmatised by some of those interested in its refusal as *democratic;* but the allegation will not for one moment hold water, as the appeal is that of men who have a distinct stake in the government of the corporation. To be truly classed as democratic, it would have to be extended to the general body of medical students, or, at any rate, to those who have just so far identified themselves with the College as is implied by the passing of the primary examination. This no rational being would dream of asking, and this has not been asked. What we Members demand is the recognition of our right to share with the Fellows in the election of members of the Council. This is pressed in no spirit of opposition to or jealousy of the Fellows, large numbers of whom have admitted the justice of our claims. But there are questions—prominent among which is that of the professional education of medical practitioners—which bear far more intimately upon the interests of the Members than they do upon those of that *corps d'élite*, the Fellows; and upon these questions it is only just that the Members should, by the mouth of their representatives, have an opportunity of expressing their views. To presuppose that the Members would be hasty and unintelligent in the choice of their mouthpieces is an unwarrantable hypothesis. Look at them in their ordinary business life; they have their own way to make in the world, and at every step in their daily path are beset with problems quite as difficult to solve as those presented to the distinguished Fellow whose hospital appointments will always cast sufficient lustre upon his name for his less prominent brethren, the Members, to send him a never-ceasing stream of clients, each armed with the golden tokens of esteem so sparingly and uncertainly doled out to the family doctor. A few mistakes in diagnosis are easily overlooked by the generosity and charity of the general practitioner who judges the consultant by the rule and not the exception. Not so with the average Member; he has no brilliant reputation behind which to shelter himself, and often one blunder on his part will, in the eyes of his unreasoning and unstable body of patients, undermine the structure of the confidence it has taken him years to rear. For this reason we say that the Member of the College is a man whose very position as the familiar adviser requires the employment of a vast amount of judgment and discretion. And what he is in the habit of exercising all day long there is little danger of his discarding when the business on hand is that of electing a member to represent him on the Council of that College whose name he holds it an honour to bear, even though she conduct herself as though ashamed of her offspring.

Only by the voice of the Members and Licentiates of the English Colleges being heard in their councils can true medical reform be inaugurated, the social relations of the profession with the laity advanced, and the abuses of these close corporations swept away. Therefore let all who with their diplomas have earned the right to bear the significant title of "Member" muster in force upon the 29th inst., and show the Council that they are in earnest. One word more, and that for the ear of the Council. It is not even yet too late for it, uncompelled, to grant the inevitable. Let it graciously acquit itself of the task, and the names of those who now form its august body will stand forth as beacons of light to future generations of the followers of Æsculapius.

I am, Sir, your obedient servant,

Oct. 20th, 1885. A MEMBER.

To the Editor of THE LANCET.

SIR,—Permit us on the part of the Association of Members of the Royal College of Surgeons to thank you for your past support of our cause in the columns of your valuable journal. We urgently desire to take this opportunity of calling the attention of the Members of the College to the important meeting of the Council, Members, and Fellows, which will be held at the College in Lincoln's-inn-fields on Thursday next (29th inst.) at 3 P.M., when the Council of the College will present its report. We would, therefore, beg most earnestly all Members to be present at this meeting, to support resolutions which have been drawn up by our Association, and which will be submitted on this occasion.

We remain, Sir, your obedient servants,

ROBERT COLLUM (President of the Association),
WARWICK C. STEELE, } Joint Hon. Secs.
WM. ASHTON ELLIS, }

THE COLLEGE OF SURGEONS MUSEUM.

To the Editor of THE LANCET.

SIR,—The Council of the Royal College of Surgeons of England have passed a resolution to consider the practicability of adding a wing to the museum; would it not be as well that a portion be left for the display of such Hunterian relics as the Council possess or may obtain? When the late Sir Erasmus Wilson was president, I sug-

gested that the spaces in which the arms of the College are placed should be used for this purpose, but it was thought it might interfere with the light of the offices, and then illness prevented Sir E. Wilson trying to carry it out. Many of the Fellows and Members have relics of John Hunter, which they would gladly present to the College if they could be certain they would be carefully preserved in a special museum. We might hope to obtain the valuable aid of Mr. Stone, who has a large share in his possession, and whose absence from Lincoln's-inn-fields so many old members deplore. Our elder sister, the College of Physicians, would no doubt then dedicate a room to Harvey. May I, through your journal, call the attention of the Committee to the above proposition?

I am, Sir, yours obediently,

Oct. 19th, 1885. A SENIOR FELLOW.

THE TITLE OF "DOCTOR" FOR LONDON MEDICAL STUDENTS.

To the Editor of THE LANCET.

SIR,—Will you permit me to correct a gross misstatement in the letter of Mr. Shirley Deakin which appeared in your last issue.

Mr. Deakin says: "At Bethlem Hospital, I believe, it was recently the rule that a M.D. Q.U.I. who might have obtained his degree with less than three years' study, was eligible for an appointment on the staff." Now, I think a gentleman who dabbles in the great question of the day (medical education) should at least have an idea of the working of the schools and universities which he so freely criticises. Allow me, Sir, to inform Mr. Deakin that to the last day of the existence of the Queen's University it was impossible for any man to obtain the degree of M.D. or any other medical qualification whatever until he had passed at least "four winter sessions of six months each and three summer sessions of three months each" in study. I am astonished that a gentleman in the Indian Medical Service, where Queen's University men have not infrequently turned up first on the list, should make so wild a statement.

Again, your correspondent says: "It is simply monstrous that all our lunacy and hospital physicians' appointments are practically handed over to Scotch and Irish students." Here I would just point out to Mr. Deakin that of the sixty-five superintendents in the county and borough asylums of England and Wales, ten have English university degrees and twenty-six are not graduates of any British university, so that there are but twenty-nine Irish and Scotch graduates out of the sixty-five.

When making sweeping statements one cannot be too careful.

I am, Sir, yours faithfully,

Oct. 17th, 1885. S. A. K. STRAHAN, M.D. Q.U.I.

To the Editor of THE LANCET.

SIR,—With regard to the much-needed and long-talked-of reform which has your able advocacy this week—the conferring of a degree by the London Colleges on London students,—may I make a suggestion which occurred to me on reading Mr. Shirley Deakin's letter, and which might do something towards reconciling the opponents of the scheme to it. It is simply this—Let the examination for the M.R.C.P. be assimilated to that for the M.D. in the Universities, but let it be made more real and *bonâ fide* than in some of them; let the degree follow this examination, and (as in the Universities) let a two years' interval between it and the conjoint or qualifying examination be necessary; and let, also, the present regulations for the M.R.C.P., in so far as they proscribe practising in partnership and dispensing for one's own patients, be rescinded. By the adoption of these suggestions, the opponents of the scheme coul dnot complain of the country being flooded with newly fledged M.D.s, while the legitimate aspirations of London students would be capable of fulfilment by those of them who are willing to take the necessary extra trouble. It would also be open to the existing holders of the M.R.C.S. Eng. and L.R.C.P. Lond. to become candidates for the degree, which might be styled "M.D. of the English Colleges," and shortly "M.D. Eng." By thus avoiding the granting an M.D. after a qualifying examination only, I venture to think that a prominent objection to the scheme may be overcome.

I am, Sir, yours truly,

Oct. 19th, 1885. W. G. DICKINSON.

"DRUNK OR DYING?"

To the Editor of THE LANCET.

SIR,—From time to time, always much too frequently, the questions of "Drunk or dying?" "Drunk or injured?" rise up from various sections of the public; now from the police cell, now from the hospital receiving room; and unfortunately with the question is also a scarcely concealed implication of error—or worse, of inhumanity—on the part of those whose duty placed them as custodians of the injured, of the partially or wholly incapable. The sound of wails like these are always distressing, and specially to the members of our profession, whose first object, even at great personal risk, is to render helpful service to all in bodily distress, alike to the rich or poor, whether suffering through their own fault or by accident. It behoves us therefore not to treat such frequent cries as coming from the ignorant and unthinking, but to inquire whether there may not be some kind of ground for the popular idea of culpability, and in any case to endeavour to remove the opportunities for blame. It may be in the recollection of many of your readers that from the police cell the greater number of complaints came, and "policeman's diagnosis" was the satirical epithet. So numerous were the cases of serious mistake, that it was insisted the police medical officer should be called to all serious cases, whether from apparent drunkenness or from other causes. Complaints seldom come from this quarter now, though they will from time to time do so, for the same reason that they must ever arise from the hospital receiving room, till every hospital adopts a plan removing every cause from which such complaints can spring.

There appear to me two reasons which serve to explain these murmurs.

1. The general opinion that the alcoholically intoxicated—drunken—person is in no danger, and all that need be done is to put him into a quiet place till the effects have passed off.

2. That it is always easy to distinguish between alcoholic intoxications and the effects of injuries, &c. It was this idea which led policemen into error, experienced as they felt themselves in varieties of drunkenness; and this it is which, when held by them, leads members of our profession into mistakes, not so easily excused by the public as the results of ignorance.

But, first, it is impossible in many cases to distinguish between the symptoms of intoxication by alcoholic drinks and other poisons and those of injuries to the head and the shock of accidents; secondly, cases of severe alcoholic intoxication are by no means free from danger to life; and, thirdly, in blows on the head and serious concussions of the body, either in the sober or inebriated state, symptoms of hæmorrhage, &c., do not occur directly, at any rate not till reaction sets in. Therefore, the following simple rules should be made for all hospitals and places for the first reception of such cases:—(*a*) That every such case brought in requiring supervision or assistance should be detained for twenty-four hours at least; (*b*) that every case coming in unattended, but stated to have been the subject of severe injury to the head or trunk, should, if possible, be taken in for the same period, but if he refuse to enter, then he should be sent to his home with an attendant.

For the reception of such cases that could not be warded without disturbing other patients, a small ward ought to be provided. From inquiries made, four beds would probably be a sufficient number, as almost every case would next day either be warded or dismissed. This plan has been already adopted in some hospitals, and with great success. I would urge its universal adoption by all hospitals and receiving places for accidents. Till then, the authorities of these places will continue to throw on those who have the reception of these cases a responsibility which no one should undertake in our present knowledge, and which may place them in a false position with the public, who, failing to see the true state of the position, would accuse them of cruelty, avoidable ignorance, and carelessness. As far as I can gather, the methods of dealing with those requiring care in the London streets is as follows. A wandering, destitute person is taken to the workhouse infirmary of the district in which he is found. All accidents are required to be taken to the nearest hospital. But sometimes the injured person or his friends insist on his being taken home. Generally, the police are urgent to take an "accident" to the hospital, in spite of the protesta-

tions on his or his friends' part. If the injured man is also stupefied by drink or other causes, he would likewise be taken straight to the hospital. If those in charge at the hospital do not consider the case sufficiently grave for admission, the person would be taken by the police to the workhouse, or, on refusal there, which is very rare, to the police station, where the doctor would see him. He would then generally remain in the cell under observation. If a person was apparently only drunk, he would be taken by the police to the station, but immediately examined by the doctor, who would, if he was found without injury, order him to be taken to the infirmary. I am informed that neither hospitals nor infirmaries care much for such cases. On inquiring what the police consider "very drunk," I am told "requiring assistance to get along." It is in cases where there is a tendency to stupefaction rather than excitement that a policeman would seek the hospital or his medical officer. In hospitals where no special ward has been set apart for this class of casualties, the tendency naturally is to avoid disturbing other patients by taking the case into the general wards, particularly if there is much excitement. But in those hospitals where a ward has been arranged out of hearing of the other patients, cases of drunkenness and injury, as well as those of severe intoxication, would be admitted at once, and thus the effects of imperfect diagnosis be entirely done away with.

It will be seen, from what has already been said, that as affairs are at present managed there are many methods of dealing with the drunk and injured, and that a person in a state of stupidity might be moved about from place to place, the danger of which can readily be perceived in cases of latent fractures—as of skull, spine, ribs, and pelvis, or deep-seated injuries to liver, kidneys, &c. The retention of all cases of partial or complete incapability in the hospital ward, as an established rule, would obviate all the disadvantages hitherto felt; and I might, in conclusion, point out the very great assistance such a measure would be to the student, increasing his powers of diagnosis in these very important states, occurring as they do so constantly in private and public practice. I am, Sir, yours truly,

George-street, Hanover-square, Oct. 1885. J. BRAXTON HICKS.

REGULAR INTERMITTENT ALBUMINURIA.

To the Editor of THE LANCET.

SIR,—Having recently had under my observation a case of intermittent albuminuria, I read with much interest the account of the case observed by Falkenheim given on p. 682 of your issue of the 10th inst. The following notes regarding the case referred to may be considered worthy of insertion.

As in Falkenheim's case, my patient had suffered from malaria, but had no splenic enlargement. When the case first came under my observation the urine was more or less albuminous during the twenty-four hours, with two intermissions, one about 3 A.M. and another about 3 P.M., the urine passed at these times being perfectly non-albuminous. The urine containing most albumen was generally secreted about 9 A.M. and 9 P.M. This cycle was kept up pretty regularly. But as I noticed that the non-albuminous urine was always pale in colour, of low specific gravity (under 1008), and faintly acid, while the albuminous urine was amber-coloured, of higher specific gravity (running up to 1020), and more acid, I tried the effect of diluents, and found that if at any period of the twenty-four hours the urine was sufficiently diluted by the patient drinking water, &c., the urine secreted was non-albuminous. When diluents were given in quantity sufficient only to lessen the amount of albumen in the urine, and to reduce its specific gravity to about 1012, the quantity of albumen contained in this urine was less than what was found in a mixture prepared by adding water to urine of the specific gravity of 1018 until the specific gravity of the product was reduced to 1008. I have not tried whether or not limiting the amount of fluid for a few hours before the periods when the non-albuminous urine was secreted would render the urine albuminous.

On several occasions I was surprised to find a pale urine of higher specific gravity than a higher coloured urine, both samples being passed within four hours; and also to find that the higher coloured urine contained more albumen than the paler denser urine. Another fact worth noting is that the patient seems to know the colour and amount of albumen in his urine while it is still in his bladder. As would be expected, decubitus *per se* has no influence on the amount of albumen in the urine in this case. Occasionally I observed that certain mental influences, or allowing the surface of the body to get suddenly reduced in temperature, were followed by the immediate secretion of copious watery, non-albuminous urine, sometimes of as low a specific gravity as 1002. The albuminuria in this case is probably due to a combination of two causes: first, an altered condition of the blood from malaria; secondly, an altered condition of some part of the renal structure from pressure by microscopic calculi. I am, Sir, yours faithfully,

Llandudno, Oct. 13th, 1885. JAMES CRAIG, M.B., &c.

"VICARIOUS MENSTRUATION."

To the Editor of THE LANCET.

SIR,—That vicarious menstruation in those females in whom from malformation the normal process is impossible is not necessary to the attainment of exceptional good health, the following case will show.

A married woman, twenty-eight years of age, consulted me a few days ago. She said that she had never had a day's illness in her life, nor had ever been before to a doctor, but that every month she experienced a fulness of the breasts, and had done so since the age of sixteen years. She had been married seven years. Her husband was a dairyman. She worked hard in the same calling, and she was a ruddy, healthy-looking woman. On examination I found a vagina about an inch in depth, and though it was possible to push the folds up another inch, there was no trace of a womb or its appendages to be felt. I particularly asked the patient if she had ever seen any discharge of blood or any similar liquid from any part of her body, and she said that she had not.

I have never seen a case that I could call a true case of vicarious menstruation, and do not believe in it. Assuming that the process is due to reflex action, and the organ that exhibits the manifestation is absent, I do not see why another part of the body should answer to the stimulus any more than it should in a case where the optic or auditory nerve is perfect, but the eye or ear destroyed or absent. It is true the cases are not physiologically parallel, but they are near enough to illustrate my meaning.

I am, Sir, yours truly,

Sherborne, Oct. 11th, 1885. N. E. DAVIES.

BIRMINGHAM.

(From our own Correspondent.)

QUEEN'S COLLEGE.

THE annual meeting of the Governors of this College was held on the 20th inst. The report as regards the medical department was looked upon as being exceedingly satisfactory. It is impossible, however, to disguise the fact that the colour is somewhat blurred by the association with the theological department. A heavy debt and hampered progress lead to the thought, how far such an alliance is beneficial to the development and growth of the medical side of the College, and analysis shows that the "satisfactory" part of the report is not an unmixed pleasure when the payments of an expelled offspring have to be coupled with those of the more vigorous and thriving brother. Some discussion has arisen as to the admission of female medical students to the College. An ingenuous attempt was made to throw the responsibility of the decision upon the Clinical Board. At a meeting of the latter body, however, a resolution was carried declaring that hospital practice should be open to women, and that, as far as Queen's College was concerned, the question must be settled by their own authorities. It appears that some female students of Mason College are anxious to extend their curriculum into that of medicine, and have applied for permission to seek their laurels in this direction at Queen's College, the request causing a flutter among the opposite sex, which will probably lead to complications in the future.

EXTRAORDINARY SELF-MUTILATION.

A patient is at present in the General Hospital, suffering from delirium tremens, who in a paroxysm of his

ravings actually cut off his own foot with a carving-knife. It seems that he sustained a fracture of the lower third of his leg in jumping from a window, and feeling annoyed at his difficulty of progress, afterwards proceeded to cut off the injured member. A boot was picked up in the street some distance from where the man was lying, and in it was found the severed foot. The man's dismay on recovering his senses was mixed with extreme remorse at the foolish act; and during his recovery he will doubtless have time to reflect upon the senseless and idiotic act which his drink cravings gave rise to.

THE LATE DR. RUSSELL.

The funeral of Dr. Russell was the occasion of a display of sympathy and respect in keeping with the high regard in which he was always held. Largely attended by the medical men of the town and district, there were contributions of wreaths and flowers from many institutions with which he had been connected during his life. Abundant testimony was borne to the manliness and purity of his character, and to the noble and unselfish interest he always took in promoting the welfare and good of his fellow-creatures. The occasion was a touching one to many of his friends, and served to show the wide feeling of admiration of one whose life bore exceptional fruit in works of benevolence and utility.

PROFESSORSHIP OF PATHOLOGY.

Arrangements have been made for the improved teaching of this subject in several ways, Mr. H. G. Borling has been appointed Professor of Pathology in Queen's College—an appointment which has given much satisfaction, and which will be sure to redound to the credit of the professor and the good of the students.

Birmingham, Oct. 21st.

LIVERPOOL.

(From our own Correspondent.)

VICTORIA UNIVERSITY AND UNIVERSITY COLLEGE, LIVERPOOL.

THE first examination for the Victoria medical degree has been held this week in Liverpool, and eight candidates presented themselves for examination. The result will be published this evening.

THE ANATOMICAL ROOMS.

Dr. Ross has succeeded Dr. Barron as Demonstrator of Anatomy. Up till this date fifty-five students have joined the anatomy class, the total number of medical students being 120. The dissecting-room has been enlarged and greatly improved, and the supply of subjects is always good.

HOW SMALL-POX IS SPREAD.

Several instances have recently occurred in which vessels from Montreal have imported cases of small-pox from that city. On three separate occasions one passenger developed the disease in port. Two of these cases were removed to the City Hospital, the third to the Birkenhead Hospital, the vessel docking on the Birkenhead side of the river. In another instance the passenger proceeded to Glasgow, the disease manifesting itself very shortly after arrival. Another person passed through to Bolton, and developing the disease there, was isolated in hospital. A case somewhat similar also occurred at Bristol. Another case occurred on the 20th in the person of the baker on board a ship from Montreal. These cases show the paramount importance of isolation.

THE LATE DR. SPRATLEY.

Though residing at a considerable distance from Liverpool, Dr. Spratley was well known here, being a member of the Medical Institution, in which he took great interest, and was until recently a most regular attendant at its meetings. For some time he had been in failing health, and his death, while it created profound sorrow, was not unexpected. Dr. Spratley had a large circle of friends, who will feel his loss deeply. The deaths in professional circles of late have been rather numerous, and the death-roll of the Medical Institution this year will be a heavy one.

MEDICAL WITNESSES AND THE ADMINISTRATION OF OATHS.

The point raised in THE LANCET of last week as to the possibility of the Testament used in courts of law being a source of infection has been frequently raised here, though the subject has not received the attention it merits. While the probability of infection may appear remote, and the objection to kiss the book a sentimental one, it cannot be denied that this mode of oath-taking is open to grave objections. The possibility of infection must be admitted when we consider how certain it is that some of the previous witnesses have been suffering from syphilis in some form or other, setting aside the risks of infection from fever. In the local courts medical witnesses meet the difficulty by kissing the open book, although, strictly speaking, this is a royal prerogative; but in some cases this is impossible, three or four witnesses being sworn upon a small book, which, after being kissed by each, is hastily removed by the administrator of the oath. If the mode adopted in Scotland—viz., holding up the right hand, and repeating the words of the oath—could be substituted for this kissing the book, a great improvement would be effected, while the swearing of witnesses would greatly gain in solemnity.

THE LOCK HOSPITAL.

The clinical demonstrations held in the male wards every Saturday were resumed on the 10th inst. The wards were full, and the surgeons were able to show the students good illustrative cases of primary, secondary, and tertiary syphilis. Among the latter was a man whose nose and hard palate were affected, the latter being perforated. The patient improved greatly under full doses of iodide of potassium—the nose was soon healed; and Mr. Phillips, the dental surgeon, hopes to obviate any inconvenience arising from the perforation of the palate. Mr. Lowndes showed the class a married woman suffering most severely from syphilitic ulcers of the lips and mouth, which latter she could scarcely open at first. Under treatment she has rapidly improved, and the contrast between her appearance on admission and at present is most remarkable. The female wards of this hospital have been unusually full these last few weeks.

THE CHAIR OF OPHTHALMOLOGY, LIVERPOOL UNIVERSITY COLLEGE.

Mr. Edgar A. Browne, senior surgeon to the Eye and Ear Infirmary, was yesterday elected Lecturer on Ophthalmology at the Medical Faculty of the Liverpool University College. This appointment will be received with general approval by members of the profession here, with whom Mr. Browne is most deservedly popular. For some years past he has conducted a series of ophthalmoscopic demonstrations at the Eye and Ear Infirmary to medical practitioners, which will be continued during the present winter session, though the number of demonstrations will be reduced.

Liverpool, Oct. 21st.

NORTHERN COUNTIES NOTES.

(From our own Correspondent.)

THE NEWCASTLE CITY LUNATIC ASYLUM.

A FEW years ago I gave in this correspondence a description of the then new asylum at Coxlodge, which appeared to be designed on a plan commensurate with the extent and population of the borough; but lately a great extension of the building has become absolutely necessary. The plans have been prepared by Mr. A. B. Plummer, architect, of Newcastle, who, in company with the resident medical superintendent of Coxlodge, Dr. Wickham, has visited some of the most modern and approved asylums in this country. A sum of £42,000, inclusive of £11,000 for land, is to be devoted to the purpose. It is intended to erect at the east and west ends entirely new blocks of buildings or wings, the former for females and the latter for males, connected with the existing buildings on the ground floor by a corridor fifty-five feet long. These wings at each end are similar in plan excepting the necessary differences in detail for male and female patients. An idea of the extent of the alterations may be formed by stating that each new wing will give increased room for eighty-five more males and the same for female patients. The extra sleeping accommodation afforded by the new wings, including male and female patients, with attendants and servants, will be 208 beds. The tender for the whole of the works being £22,500, represents a cost per patient of about £108 a head, while the lowest average cost of entirely new asylums is stated to be £150 per head. The

new wings will comprise on the ground floor four nurses' rooms, eight single rooms, two padded rooms, and a large day-room 48 ft. by 40 ft., with dormitory, 50 ft. by 40 ft., opening from it.

THE TYNE AND CHOLERA PRECAUTIONS.

At the last meeting of the Tyne Port sanitary authority it was stated that the Local Government Board had sanctioned the expenditure of £5000 on the proposed floating hospital for the Tyne, particulars of which I gave you in a previous letter. During the months of August and September there had been inspected 933 British steamers, 345 British sailing vessels, 299 foreign steamers, and 171 foreign sailing vessels. The total number of visits made to craft of every description had been 1953, and 156 vessels were found to have sanitary defects. Twenty-three cases of sickness had come under notice, but only two were infectious; and 136 cases from infected or suspected ports had been boarded specially.

GUARDIANS AND STIMULANTS.

At the last meeting of the Darlington Board of Guardians a discussion took place over the wine and spirit account, which a guardian stated had been greatly increased by one medical man, Dr. Middlemiss. This gentleman, it was shown, was very well able to take care of himself, for he pointed out that the stimulants had been ordered by him to his aged and infirm patients when suffering from lowering diseases, such as pneumonia and bronchitis; and he further remarked that if his spirit bill was high his death-rate was low; that, he considered, was the proper test of his practice. He was certain that he had saved many lives by the proper use of alcoholic stimulants, and he felt bound to do the best he could for his patients. It is to be feared that, although Dr. Middlemiss is to be commended for his courage, he will hardly become popular with "economic" guardians, notwithstanding the fact that one guardian during the discussion stated that he was an old man, and he was certain that sometimes "a little whisky-and-water did him good."

It was suggested at the last meeting of our City Council by Mr. Adam Wilson—who is a surgeon—that the medical officer of health should be allowed, and encouraged to take, medical students as pupils; that there was hardly any other way by which a knowledge of sanitation could be learned in a practical manner.

I hear that the entries of students at the Newcastle College is very large this year, and that much vexation is caused to students by the rule of the Medical Council as to the examination in mechanics; this rule in many cases has a very harsh and retrospective effect, and it is to be hoped that if not abandoned, it may at least be fairly modified in the case of students who may have passed examinations but not registered before the new regulation came into force.

Newcastle-on-Tyne, Oct. 15th.

EDINBURGH.

(From our own Correspondent.)

THE ROYAL INFIRMARY.

AT a meeting of the managers of the Royal Infirmary, held on the 19th inst., Dr. Byrom Bramwell was elected to the post of assistant-physician to the institution. A vacancy had occurred on the staff in consequence of Dr. Affleck's appointment as ordinary physician, when the new medical wards were placed under his charge; and there was scarcely room to doubt as to who would succeed to the position thus made vacant. Dr. Bramwell's pre-eminent fitness for the post, and the strong claim which his work in the Edinburgh school has given him, made his election pretty much a foregone conclusion; and the managers have acted in the best interests of the infirmary by securing the services on its staff of a physician whose great success as a teacher has added much to the lustre and to the vitality of the extra-academical school in Edinburgh. The appointment is one which will be hailed with the greatest satisfaction on all hands. Although Dr. Bramwell's election was by everyone considered a certainty, several gentlemen entered the field against him as candidates for the post, amongst whom were Drs. George A. Gibson, Murdoch Brown, and Graham Brown. In consequence of his appointment to the post of assistant-physician, Dr. Bramwell will relinquish his duties as pathologist to the infirmary; and it is stated that a number of competitors for that office have already come forward. Such is the *embarras de richesses* in Edinburgh in the matter of pathologists, that the claims of more than one have been already strongly urged, and that not upon the electors only, but upon the medical community at large, and upon those outside the profession, whose influence may be brought to bear in the interests of one or other of the competitors. It is impossible in such circumstances to give any forecast of the probable outcome of such extensive campaigning; the result will, however, be awaited with very considerable interest.

THE WINTER SESSION.

The opening of the winter session of the University is announced for the 27th inst., when the Principal, Sir William Muir, will deliver the annual inaugural address. This custom, which had passed into abeyance for some years, was re-instituted last year by the late Principal, Sir Alex. Grant, who accepted an invitation to address the whole body of the students under the auspices of their newly-formed Representative Council. The success of the experiment was so complete that it has been decided that the address shall form a regular feature of the yearly programme of academic functions.

HEALTH OF EDINBURGH.

Last week 76 deaths occurred in Edinburgh, being equal to an annual death-rate of 16 per 1000. The following intimations of cases of infectious disease were made under the provisions of the Public Health Act:—Typhus 6, typhoid 20, diphtheria 4, scarlatina 27, and measles 5. The majority of these cases are removed under the direction of the medical officer of health to the Fever Hospital, where they are treated, and where a thorough disinfection is carried out before the patients are discharged.

UNIVERSITY BUILDINGS FUND.

Messrs. J. & P. Coats, of Paisley, have forwarded a subscription of £250 towards the completion of the New University Buildings.

ABERDEEN.

(From our own Correspondent.)

ABERDEEN UNIVERSITY COUNCIL.

AT a meeting of the General Council of the University, held on the 14th inst., Professor Struthers moved—"That the Council respectfully represent to the University Court that it is desirable that the influence of the University should be employed to induce the Government to introduce a Universities (Scotland) Bill differing from the Bill of last year—(1) in the entire removal of terms which might imply finality; (2) in recognising more liberally the claims of the Scottish Universities; (3) in recognising the claim of Aberdeen University to consideration in respect to extension of its buildings." In supporting his motion, which was adopted by the Council, Professor Struthers said that there were other questions to be considered and other points in which the Bill should differ from that of last year, but the three points mentioned were the chief from the Aberdeen University point of view in which it should differ. "The finality proposal," he said, "was an extraordinary one;" and he believed "it was due to the English idea of a university, which was very different from that entertained in Scotland." Referring to the third point, he said that "in ten years Aberdeen had got only £4600 for the extension of its buildings, while Edinburgh had recently got £80,000 and Glasgow £120,000 for that purpose." The work of the Aberdeen Medical School is carried on under great difficulties at Marischal College for want of room, and what is wanted is an immediate grant of £10,000 for the extension of the buildings.

THE ROYAL INFIRMARY.

The Special Inquiry Committee have called in as experts Dr. Russell, medical officer of health for Glasgow, and Dr. Simpson, medical officer of health for Aberdeen, to examine and report on the condition of the infirmary. These gentlemen visited the institution last Saturday and examined the buildings in all their bearings most minutely, and after-

wards met the committee in consultation. The conclusions they have come to as to the present condition and the changes necessary they are to submit to the committee in a special report, and it is believed that their condemnation of the present state of affairs will be very sweeping. It is said that they consider extension on the present site, especially if infectious diseases are to be treated there, not only unadvisable, but impossible. There is to be a special meeting of the managers on the 26th inst., and in their report to be submitted to that meeting the committee recommend that instead of the present arrangement of having a medical superintendent, a head nurse, and a housekeeper, there should be appointed a general superintendent, who would also act as treasurer and secretary, and a lady superintendent, who would have charge of the nursing and housekeeping, and be responsible to the general superintendent for the discharge of her duties.

THE ABERDEEN EPIDEMIC HOSPITAL.

The movement of hospital reform has extended to the Epidemic Hospital, where, as far as the nursing is concerned, it is urgently required. During the last four years Dr. Simpson has carried on the work of the institution with nurses who have had no training, and who in their several wards have to perform the duties of nurse, servant, and cook. It is now proposed to appoint a thoroughly qualified head nurse or matron, a cook, and a staff of efficient nurses. There are in the hospital at present a considerable number of patients suffering from scarlet fever, which is now almost epidemic. In August there were forty-six cases, and in September fifty-eight cases were reported.

INSPECTION OF DISEASED MEAT.

It has long been felt that the inspection of diseased meat in Aberdeen is far from satisfactory, and this Dr. Simpson, under whose care this matter comes, at once acknowledges in his report submitted to the Public Health Committee. He says that "it is impossible to have any effective system of inspection with seven slaughterhouses in different parts of the town, and with no general dead meat market to which it is compulsory to bring, for the purpose of inspection, all carcases, whether killed in the slaughterhouses or brought into town from the country." Dr. Simpson says that the only remedy is to adopt his suggestion of providing public slaughterhouses. The present ones are unsuitable, filthy, and a source of nuisance and ill-health.

Aberdeen, Oct. 20th.

IRELAND.

(From our own Correspondent.)

PHYSICIAN IN ORDINARY TO HER MAJESTY IN IRELAND.

MY anticipations in reference to this appointment (vide THE LANCET, p. 646) have, I am very glad to state, proved correct, and the many friends of Dr. William Moore have learned with satisfaction that what may be termed the blue ribbon of the profession in Ireland has been conferred upon him. Dr. Moore is a very distinguished physician, in every respect suitable to succeed the late Dr. MacDowel, and his contributions to medical literature have been of an exceptionally high character. Her Majesty could not have made a better selection.

PRESENTATION OF AN ALBERT MEDAL TO DR. THOMPSON, TYRONE INFIRMARY.

Last week his Excellency the Lord Lieutenant presented an Albert Medal (second class) to Dr. S. C. Thompson, surgeon to the Tyrone Infirmary, in recognition of having performed the highly dangerous operation of sucking from the throat of a patient suffering from diphtheria a quantity of poisonous matter. The Albert Medal was instituted nearly twenty years since to signalise acts of gallantry performed at sea, and shortly afterwards the scope of the order was modified, and the medal granted for acts of gallantry done on land. The following is an extract from his Excellency's address:—"Dr. Thompson, you belong, I need not say, to a very noble profession, in which every year thousands of illustrations of self-denial, self-sacrifice, and sympathy with human suffering in its most terrible forms are exhibited, and not less courage in its best and highest sense. It is my most satisfactory duty to-day, in the name of my Sovereign, to mark you out as one of those who has signally distinguished himself in that respect. I should find it easier, and perhaps you would prefer it, if I were to pass a eulogy on the particular act you performed in your absence rather than in your presence; and I think I shall be consulting the dictates of good taste if I leave that act to be mentioned, to be recorded, to be written on by others, rather than describe it at present. I will only say that it was an act worthy not only of all public commendation, but of all imitation. The Queen, ready as ever to mark her sense of every noble act, has awarded you this medal, and I, in the name of the Queen, and as her representative to-day, have the greatest possible satisfaction in presenting it."

THE LATE MR. F. W. WARREN, OF DUBLIN.

The funeral of this gentleman took place last week, and was very numerously attended. A band of students about fifty in number walked in procession after the hearse from Harcourt-street to Mount Jerome Cemetery. Among the wreaths which covered the coffin was one given by the nurses and another by the students of the Adelaide Hospital, with which institution the deceased was connected. For the vacant surgeoncy in the hospital three names are mentioned as candidates—viz., Mr. Scott, the assistant-surgeon; Dr. Henston, lecturer on anatomy in the Carmichael College; and Mr. Ledwich, lecturer on anatomy at the Ledwich School of Medicine.

Surgeon R. F. Cumming, of the Scots Guards, died at Richmond Barracks, Dublin, on the 16th inst., from typhoid fever. He returned from the Soudan only in July last, and arrived in Dublin in September, shortly afterwards being attacked with the illness from which he succumbed.

Dr. Nugent has been promoted to the physicianship of the Richmond Hospital, and Dr. O'Carroll has been appointed assistant-physician.

Dr. Francis R. Cruise has been re-elected President of the College of Physicians for another year.

Dublin, Oct. 20th.

PARIS.

(From our Paris Correspondent.)

THE LATE LORD STRATHNAIRN.

THE newspaper reports of medical cases are not always scrupulously correct; I have therefore thought that a brief statement of the illness and death of Field Marshal Lord Strathnairn might interest your readers. The following note has been furnished by Dr. Boggs, his lordship's medical attendant:—"I was summoned to Versailles on Wednesday afternoon to see Lord Strathnairn, whom I found, on my arrival at the hotel where he was staying, seated on a chair, with the right eye considerably contused and ecchymosed; so much so that it was impossible to examine the state of the eye itself. In searching for the cause of this state of things I could get no clue from his lordship's personal servants, two of whom were in attendance on him; but the patient himself gave me vaguely to understand that he had fallen against the mantelpiece. Finding him rather dangerously ill, I passed the night by his bedside; and thinking he would be better attended to in Paris, I brought him hither on the morning of the following day. His lordship was conscious during the journey, which was effected in a carriage, and occupied nearly an hour and a half. In the afternoon, his condition becoming worse, and the contused state of the eye assuming an erysipelatous character, I asked Dr. Herbert to meet me in consultation, and this gentleman advised me immediately to communicate to Lord Lyons, the British ambassador at Paris, the alarming state of the illustrious patient, which I lost no time in doing. His lordship became gradually worse during the night; he was rather restless and delirious; and at 4 o'clock in the morning I was summoned to his bedside, and found him in a comatose state, from which he never rallied, and expired at 6 o'clock the same morning, with evident symptoms of cerebral hæmorrhage. Thus ended the life of one who had served his country for nearly half a century, and who, it will be remembered, had been so conspicuously instrumental in suppressing the great mutiny in India, and thus saving to the crown of Great Britain one of its most valuable possessions."

THE CONCOURS.

The incident that took place at the Concours for the Internat of Hospitals referred to in my last has been cleared up to the complete exoneration of the physician accused of favouritism. The Director of Public Assistance adopted a rather strange course in obtaining from the Prefect of the Seine a decree to annul the proceedings of the examining board, which was dissolved, and another one has been instituted in its stead. The first meeting of the new Concours took place on Monday, the 19th inst., when the amphitheatre was crowded to overflowing. Things passed off pretty quietly until the names of the female candidates were called out, when a tumult commenced, but no other incident occurred.

Dr. Proust has been appointed Professor of Hygiene at the Paris Faculty of Medicine, in the room of Professor Bouchardat, who has retired.

Paris, Oct. 21st.

BERLIN.

(From our own Correspondent.)

ASSEMBLY OF GERMAN NATURALISTS AND PHYSICIANS IN STRASBURG.

THE peculiar position which Strasburg has occupied at all times on the frontier of German and French dominion, being passionately claimed by both countries, has endowed this city with a rare interest. When two hundred years ago it surrendered to France, it was on the condition that the German university there should continue to exist, but about the time of the French revolution Strasburg became a French academical seat. Seventy years later Germany recovered her lost territory, and with it the ancient university became re-established. It prospered quickly, and attained a high reputation. A large number of celebrated men of science had accepted its invitation to be present at this year's (the fifty-eighth) Assembly of German Naturalists. Professor Kussmaul, in his opening address to the assembly, captivated his listeners for fairly an hour in giving a sketch of the city's scientific history of the past. After him the Minister, Von Hofmann, the Mayor, Herr Stempel, and the Rector of the University, M. Heitz, addressed the assembly. For next year Berlin is appointed as the meeting-place, with Professor Virchow as chief manager. The proceedings were of an animated description. In the evenings the party amused themselves in the gardens and in the brilliantly illuminated town hall. On Sunday they drove to Zahern, where a luncheon was spread for them by the executive of the Government. More than 1000 persons partook of it. Excellent speeches by Virchow, Kussmaul, and others seasoned the repast. The social intercourse among the members was very animated, and the newly knit ties of collegial sympathy will not fail to mark their influence upon the scientific negotiations. The Strasburgers themselves did not exhibit any enthusiasm, yet preserved an amiable neutrality. Though the scientific programme did not fully answer expectation, there was still a sufficient number of new and interesting objects to make the time pass pleasantly. Very large was the participation on the part of Austria. After the death of the ever-memorable Graefe, Professor Welz caused a premium to be given every three years to the best composition which within this period should make its appearance in Graefe's "Archives für Ophthalmologie." The jury for adjudicating prizes was chosen by the Ophthalmological Society. Premiums have already been given to Professor Leber of Gottingen, to Dr. Weber of Darmstadt, to Dr. Knies of Zurich, and to Professor Gudden of Munich; and this year's prize was awarded to the celebrated oculist, Dr. Samelsen of Cologne, for his paper "Neuritis Retrobulberis."

ESTABLISHMENTS FOR THE CURE OF OBESITY.

Professor Oertel of Munich, inventor of the method which Schweninger had so successfully applied to the Chancellor of the Empire, has set out for different places, in order to found establishments therein for the cure of patients suffering from diseases of the heart, fatty heart, obesitas universalis, &c. Baden-Baden, Ischl, the Semmering, and Abazzia on the Adriatic, are already chosen for this purpose. As climatic stations, Meran, Bozen, Gries, and others have already been opened.

VOTE OF CONFIDENCE IN PROFESSOR GRAF.

By most of the medical societies of Berlin the conduct of Dr. Graf, President of the Union of German Physicians, was blamed, because he voted in the Prussian diet for granting a salary to Professor Schweninger. Professor Graf's re-election seemed very doubtful on that account. Yet this expectation proved to be erroneous. At the meeting of physicians in Stuttgart, Graf received a vote of confidence, it being understood that the question of appointing a Professor of Dermatology in Berlin, and the meetings for that purpose in the Prussian Parliament, had nothing to do with the Union of German Physicians. This vote, in acknowledging fully the merits of Professor Graf, at the same time officially and energetically declines to take any notice of the much-spoken-of Physician in Ordinary to the Imperial Chancellor.

Berlin, Oct. 14th.

ROYAL COLLEGE OF PHYSICIANS.

THE adjourned meeting was held on Thursday last, the 22nd inst., when a large number of Fellows again assembled, and the debate was continued with vigour. Sir A. Clark opened it by a long and eloquent speech, in which he expressed the hope that the College would accept the principle of the resolutions, which aimed at the removal of an actual grievance, and in which he discussed *seriatim* all the arguments advanced against the proposal. Dr. N. Moore pointed out that the elements of a university training and education existed in London, and trusted that a university composed of a single Faculty (Medicine) would be established. Dr. Matthews Duncan opposed the scheme; and Dr. Priestley also pointed out that a degree meant more than a mere licence to practise. He thought the Teaching University scheme should be supported. Sir Risdon Bennett warned the College against changes which might be fatal to its existence, and moved an amendment to the effect that, in view of the grievance now felt by students and medical practitioners because of the difficulty of obtaining degrees in London, it was the duty of the College to devise means to remedy the grievance, with due regard to the functions and position of the College. This was seconded by Dr. Duckworth. Dr. Greenfield withdrew his amendment in favour of Sir R. Bennett's. Drs. Bristowe and Moxon and Sir H. Pitman supported the original proposal; and in order to clear up an ambiguity in the report, Dr. Wilks moved a verbal alteration in the first clause. This was seconded by Dr. Broadbent, and after a vigorous speech in support of the College taking steps in the direction indicated by the President, Sir W. Jenner, a division was taken, with the result that Sir Risdon Bennett's amendment was lost by a large majority; and that of Dr. Wilks was carried by an even larger majority. The report thus amended was adopted, and a reference was made to the Council to carry out the resolution.

THE SERVICES.

Surgeon-General T. W. Fox, late Principal Medical Officer in Egypt, proceeds early next month to India to assume staff duty in that country. His successor in Egypt is Surgeon-General J. O'Nial, C.B.

WAR OFFICE.—Army Medical Staff: Surgeon-Major Joseph Fleming, M.D., has retired on temporary half-pay.

ADMIRALTY.—The following appointments have been made:—Surgeon Jeremiah Sugrue, M.D., to the *Raleigh*; Surgeon Francis H. Julyan, to the *Watchful*; Surgeon Hugh Wallis, to be Surgeon and Agent at Cuckmere and Crowlink.

RIFLE VOLUNTEERS.—2nd Volunteer Battalion, the Queen's Own (Royal West Kent Regiment): David Thompson Playfair, Gent., M.B., to be Acting Surgeon.—5th (West) Middlesex: Sydney Hamilton Taylor, Gent., M.D., to be Acting Surgeon.—7th West Riding of Yorkshire: Acting Surgeon Henry Bendelack Hewetson resigns his appointment.

MEDICAL TRIALS.

THE STATUS OF IRISH DIPLOMATISTS.

A CASE of considerable interest came before his Honour Vernon Lushington, Q.C., Judge, at the Kingston-on-Thames County Court on Saturday. Mr. Cooper, surgeon, practising at Norbiton, Kingston, sued Mr. J. T. Hazeldine, a solicitor, for six guineas for midwifery and other attendance on defendant's wife. The defendant disputed the claim on the ground that Mr. Cooper, having only Irish diplomas, had no right to practise in England. His Honour said there was no doubt that formerly the professions were entirely distinct in the three kingdoms, but he held that in the Act of 1858 the words "qualification or qualifications" had no local consideration, and that the plaintiff was entitled to practise in any part of Her Majesty's dominions. His Honour expressed great surprise at the point being raised, affecting as it did the status of gentlemen all over the country. The claim was also disputed on the ground of its being excessive, and three medical men—Mr. Bayley (Kingston), Mr. J. Page Hentsch (Camberwell), and Mr. R. H. S. Carpenter—gave evidence that under the circumstances two or three guineas would have been a reasonable charge. His Honour gave a verdict for the amount claimed, with costs on the higher scale, and refused permission for the defendant's counsel to state a case.

Obituary.

WILLIAM MICHELL CLARKE, M.R.C.S., L.S.A.

BY the sudden and unexpected death of this gentleman, which took place on Oct. 2nd, Clifton has lost one of its best known and most widely esteemed medical practitioners. Mr. Clarke, who at the time of his decease was fifty-six years of age, was born at Bodmin, and was one of a numerous family. He was at an early age apprenticed to a surgeon in the district in which his parents lived; and, after passing two or three years in the country, he entered at St. Bartholomew's Hospital, where he was known throughout his student's career as a hard-working and earnest pupil. Immediately after passing at the College of Surgeons he obtained the office of house-surgeon to the General Hospital in Bristol. Some years later he was elected one of the surgeons. This office he held for ten years, when, in consequence of the rapid increase in his practice, he was compelled to resign the active duties of surgeon, and was by the governors appointed to the office of consulting surgeon. As a surgeon he was careful and discriminating, a good operator, and had performed most of the great operations of surgery. At the time of the reintroduction of excision of the knee-joint Mr. Clarke performed that operation on three or four occasions, and published an elaborate article on the subject, respecting which the late Sir William Fergusson wrote a highly complimentary letter to him, though they were otherwise entirely unknown to each other; and, therefore, it was the more gratifying to him that the opinions he there expressed met with the approval of so high an authority as Sir Wm. Fergusson. Mr. Clarke was for some years lecturer on Medical Jurisprudence at the Bristol Medical School; but it was perhaps in private practice that he was most widely known, and his death is deeply felt by a large number of patients and friends. He had been president of both local Medical Societies—namely, of the Bath and Bristol Branch of the British Medical Association ten years ago, and a few years later of the Bristol Medico-Chirurgical Society.

DAVID MICKLE, M.R.C.S., L.S.A.

ON the 19th ult. Mr. David Mickle, whose name has for years been a household word in Kirklington and the surrounding villages, passed away. Educated at St. Bartholomew's Hospital and Leeds, Mr. Mickle became a Licentiate of the Society of Apothecaries in 1851, and a Member of the Royal College of Surgeons in 1860. He held the appointments of district medical officer and public vaccinator in both the Bedale and Thirsk Unions. He was also medical officer of health for Kirklington-cum-Upland. He was the author of a work on the "Discipline and Improvement of the Mind," and of "Lectures on the Atmospheric Air." For several years Mr. Mickle had suffered from an affection of the liver, and during the last three or four years his health had been gradually breaking up, so that when the end came it was not quite unexpected. During a residence of over thirty years he had gained the esteem and confidence of the people of the district in which he resided in a remarkable degree, and his place as a medical practitioner and trusted friend will not be easily filled. He was in his sixty-sixth year.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their Primary Examinations in Anatomy only at a meeting of the Board of Examiners on the 14th inst., and when eligible will be admitted to the Pass Examination:—

Henry E. Belcher, Herbert H. Browne, and George Ley, University College; Wilfred Sturges-Jones, Guy's Hospital; Percival S. Harris, Alfred R. Nicholls, and Francis J. Brown, Middlesex Hospital; John Bate and Alfred L. Martyn, London Hospital; Chas. W. Hopewell, King's College; H. Henry Folker, Charing-cross.

The Museum of the College will be closed on Tuesday and Wednesday, the 27th and 28th inst., for the purposes of the First Examination (Elementary Physiology, Chemistry, &c.) of the Examining Board in England. The Library will also be closed on Monday, Tuesday, and Wednesday, the 26th, 27th, and 28th inst., at 4 o'clock, for the purposes of the Pass Examination (Membership), for which examination 181 candidates have entered their names.

[In the Anatomy and Physiology list last week, for William Roberts read Kilham Roberts, of the Bristol Medical School.]

UNIVERSITY OF CAMBRIDGE.—At a congregation held on the 15th inst. the degree of B.M. was conferred on the following:—

Robert Henry Clarke, Christ's. | Herbert Owen, non-collegiate.

SOCIETY OF APOTHECARIES.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 15th inst.:—

Gillett, John Alexander, Brooke, Norwich.
Jones, A. Meyrick, M.R.C.S., Wellow Vicarage, Romsey, Hants.
Nottingham, W. Arthur John, Drayton-park, Southsea.
Southern, John Acton, M.R.C.S., Darnley-road.
Webb, Albert Wm., M.R.C.S., Pyrland-road, Canonbury.

On the same day the following gentlemen passed their examinations in the Science and Practice of Medicine, Surgery, and Midwifery, and received certificates to practise:—

Finucane, Morgan Ignatius, Wilton House, Shaftesbury-road.
Girling, John, Wyvenhoe Lodge, Colchester.

THE JAFFRAY HOSPITAL.—The Prince of Wales will open this hospital on the 27th inst.

THE Totnes Cottage Hospital was formally opened a few days ago by the Duke of Somerset.

A MEETING was held at the Mansion House on the 20th inst., to forward the movement for sending out efficient female doctors to India.

IRISH MEDICAL GRADUATES' ASSOCIATION.—The October dinner of this Association is to be held to-day (Saturday) at 7.30 P.M. at the Holborn Restaurant, Dr. Macnaughton Jones, President of the Society, in the chair.

HOSPITAL FOR DISEASES OF THE CHEST.—It has been decided to name one of the wards in the new wing of this hospital after the late Earl of Shaftesbury, who was president of the hospital for the long period of thirty-four years.

AT the last meeting of the Lambeth Board of Guardians it was decided, on the motion of Dr. Miller, that the attention of the Lambeth Vestry be called to the defective mortuary accommodation in the parish.

THE United States Government, by way of guarding against the importation of small-pox from Canada, has established a vigorous system of sanitary inspection along the frontier, and has issued a circular instructing the officials to enforce it. This system applies to railways, vessels, and all other methods of arrival.

DWELLINGS OF THE POOR.—At the usual meeting of the Mansion House Council on the Dwellings of the People, which was held last week, the executive officer reported that of seventy-eight houses in Westminster which had been inspected only seven were in a perfect sanitary state. The honorary secretary stated that he was in correspondence with the Local Government Board and the Home Office respecting an inquiry into the sanitary condition of Clerkenwell and Mile-end Old Town, which had been suggested by the Council.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.—At the opening meeting of this Society, held on Friday, Oct. 16th, Mr. Joseph White, the President, being in the chair, an address on "Certain Surgical Canons of Recent Establishment" was delivered by Mr. Jonathan Hutchinson. The meeting was largely attended by the medical profession resident in the town and neighbourhood. A vote of thanks to Mr. Hutchinson was proposed by Dr. Ransom, and seconded by Mr. Beddard, which having been unanimously accorded, the meeting terminated.

COLLEGE OF PHYSICIANS IN IRELAND.—The following office-bearers have been elected for the ensuing year:—President: Francis Richard Cruise. Vice-President: J. Magee Finny. Censors: J. M. Finny, J. Hawtrey Benson, Francis Quinlan, J. R. Kirkpatrick. Additional Examiners: George F. Duffey, Stephen M. MacSwiney, Joseph Redmond, A. Foot, John M. Purser, W. G. Smith. Registrar: John Wm. Moore. Treasurer: A. Smith. Examiners in Midwifery: Andrew John Horne, W. J. Smyly. Professor of Medical Jurisprudence: Robert Travers. Representative on the General Medical Council: A. Smith.

SCHOLARSHIPS.—At the *Middlesex* Hospital, the Entrance Science Scholarship of the value of £50 has been awarded to Mr. G. Watson; the Entrance Scholarship of £25 per annum, tenable for two years, to Mr. R. A. Earle; and the Entrance Scholarship of £20 per annum, tenable for two years, to Mr. F. A. Wagstaff. At *St. George's*, the Entrance Scholarship of £125, open to the sons of medical men, has been awarded to Mr. James M'Enery, son of Dr. M'Enery, of Sherborne; there were no candidates for the two open scholarships of £50 each. At *King's College*, the Sambrooke Exhibition of £60 has been awarded to Mr. Sandifer, and that of £40 to Mr. Cargill; the Warneford Scholarship of £25 per annum, tenable for three years, has been awarded to Mr. Soutter; and the Science Exhibitions given by the Clothworkers' Company have been awarded to Messrs. Hendrich and Paxon. At the *London* Hospital, the Buxton Scholarship, of the value of £30, has been awarded to Dr. Thomas Jones, and that of the value of £20 to Mr. Yarnold H. Mills.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.—A quarterly court of the directors of this Society was held on the 14th inst., the President, Sir J. Paget, in the chair. Two new members were elected. Sixty-four widows, nine orphans, and three orphans on the Copeland Fund sent in applications for relief, and it was resolved that a sum of £1371 be recommended for distribution at the next court. The death of one widow was reported, who had been receiving grants since 1864, and the marriage of another was announced. For the last ten years or more the directors have been able to make a Christmas present to the widows and orphans on the funds. Last year the gift was £5 to each widow and £2 to each orphan; this year the funds in hand would not allow of so large a sum being expended, and it was resolved that the gift this year should be £2 10s. to each widow and £1 to each orphan. A framed notice of the objects of the Society was shown at the meeting, and it was determined that a copy should be sent to all the large hospitals and medical societies within the limits of the Society, with a request that the notice should be hung in some conspicuous place.

NORTH-WESTERN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—At the recent ordinary monthly meeting of the members of this Association, the secretary reported that the arrangements for the proposed conference on cholera and the precautions to be taken by local authorities were making satisfactory progress, representatives having already been appointed by the Corporations of Salford, Bury, and Stalybridge, the Local Boards of Royton, Withington, Levenshulme, and Farnworth, and the Board of the Northern Counties Hospital for Incurables. It was expected that the conference would be held in the Manchester Town Hall at the end of October or early in November. Mr. Vacher read a paper entitled "Notes on the Small-pox Epidemic in Birkenhead in 1884." He adduced facts to show that of 87 persons known to have been vaccinated who caught small-pox in that year, three (that is, 3·4 per cent.) died; and of 21 persons not vaccinated, or without the faintest marks, eight (or 38 per cent.) died. Mr. Vacher afterwards drew attention to the Medical Defence Union, a Society which has for its objects the defence of members of the medical profession against cruel or groundless charges, the suppression of unauthorised practitioners, and the promotion or modification of Bills or movements initiated for the benefit of the medical profession.

NEW MINERAL WATER BATHS.—The Bath Town Council agreed unanimously to the scheme for further developing mineral water baths at a cost of £20,000. New buildings are to be erected with all the Continental systems of thermal treatment.

A CONSIDERABLE portion of the new building in connexion with the National Hospital for the Paralysed and Epileptic, Queen-square, Bloomsbury, which was recently opened by the Prince of Wales, is now in occupation. At the end of the present month more wards for free patients and additional beds for persons able to contribute a guinea weekly will be provided.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At the annual meeting of this College, held on the 21st inst., the following office-bearers were elected for the ensuing year:—President: Douglas Argyll Robertson, M.D. Vice-President: John Smith, M.D., LL.D. President's Council: James Donaldson Gillespie, M.D.; Henry Duncan Littlejohn, M.D.; Patrick Heron Watson, M.D., LL.D.; Francis Brodie Imlach; Thomas Annandale; John Duncan, M.D.; *ex-officio*, John Smith, M.D., LL.D.; Joseph Bell. Secretary and Treasurer: Joseph Bell. Librarian: Archibald Dickson, M.D.; Examiners: James D. Gillespie, M.D.; Henry D. Littlejohn, M.D.; Patrick H. Watson, M.D., LL.D.; David Wilson, M.D.; John Smith, M.D., LL.D.; Joseph Bell; John Duncan, M.D.; Robert J. Blair Cunynghame, M.D.; Alexander G. Miller; Peter H. Maclaren, M.D.; Johnson Symington, M.B.; Francis Cadell; James Dunsmure, jun., M.D.; William Craig, M.D.; Charles E. Underhill. Dental Examiners: Patrick H. Watson, M.D., LL.D.; Henry D. Littlejohn, M.D.; David Wilson, M.D.; John Smith, M.D., LL.D.; Andrew Wilson, L.D.S.; George W. Watson, L.D.S. Assessors to Examiners: William Brown; Archibald Inglis, M.D.; James Dunsmure, M.D.; Francis Brodie Imlach. Conservator of Museum: Robert J. Blair Cunynghame, M.D.; Clerk: James Robertson, solicitor. Officer: Colin Mackenzie. Assistant to Conservator: George Reid.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

APPLETON, HARRY, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Second Division of the Second District of the Helston Union.

ARKLE, C. J., M.R.C.S. (late House-Physician to University College Hospital), has been appointed House-Surgeon at that Institution.

BLAKER, T. FREDERICK I., M.R.C.S., L.S.A.Lond., has been appointed Honorary Surgeon to the Northern Branch of the Brighton, Hove, and Preston Dispensary.

BRADSHAW, THOMAS R., B.A., M.D.Univ. Dub., M.R.C.S., has been appointed House-Physician to the Liverpool Northern Hospital, vice F. Johnston, M.B., C.M., promoted.

BROWNE, EDGAR A., has been appointed Lecturer on Ophthalmology in University College, Liverpool, vice T. Shadford Walker, deceased.

COLEMAN, H. W., L.R.C.P.E., M.R.C.S., of Armley Lodge, Leeds, has been appointed Medical Officer to the Great Northern Railway Company's Sick Fund, vice James Braithwaite, M.D., resigned.

DAYMAN, BARNFIELD, L.R.C.P.Lond., M.R.C.S., has been appointed Medical Officer for the Third District of the South Stoneham Union, vice H. Dayman.

DUNCAN, WILLIAM, L.R.C.S.Ed., has been appointed Medical Officer for the Nunney District of the Frome Union, vice Wood, resigned.

FENNELL, THEODORE, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Tabley District of the Altrincham Union, vice Suteliffe.

FETHERSTONHAUGH, ROBERT T., L.R.C.P.Lond., M.R.C.S., has been appointed House-Physician to the Hospital for Women, Soho-square, W., vice C. Couper Cripps, M.B., M.S.Dur., resigned.

HEARNDEN, WALTER CARRINGTON, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Leatherhead District of the Epsom Union, vice Maclean.

HINDS, FRANK, M.R.C.S. (late House-Surgeon to University College Hospital), has been appointed House-Physician at that Institution.

JONES, MONTAGUE HANDFIELD, M.B.Lond., M.R.C.P., has been appointed Physician-Accoucheur in charge of Out-patients to St. Mary's Hospital.

LANE, JOHN E., M.D.Q.U.I., has been appointed Medical Officer for the Thames Ditton District of the Kingston Union, vice Holdsworth, deceased.

MCARTHUR, DUNCAN R., M.B., C.M.Ed., has been appointed Medical Officer for the Hinton District and Workhouse, Sturminster Union, vice Tarzewell.

MASON, DAVID JAMES, M.B., C.M.Ed., L.R.C.P.Ed., L.R.C.S.Ed., Resident Physician to the Royal Infirmary, Edinburgh, has been appointed Resident Medical Officer to the Royal National Hospital for Consumption and Diseases of the Chest, Ventnor, Isle of Wight.

NUNN, JOHN ROBERT, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Feckenham District of the Alcester Union, vice Leacroft.

PALMER, F. CRADDOCK, L.K.Q.C.P.I., M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Sapperton District of the Cirencester Union, vice Cawthorne.

RANDALL, WYNDHAM, L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer of Health for the Bridgend Urban Sanitary District, Glamorganshire, vice Verity, deceased.

RATTRAY, ALEXANDER, M.D., L.R.C.S.Ed., L.S.A.L., has been appointed Medical Officer for the Wymondham District of the Melton Mowbray Union, vice Johnstone, resigned.

RUSSELL, JOHN HUTCHINSON, M.R.C.S., L.S.A.Lond., has been appointed Medical Officer for the Cheshunt District of the Edmonton Union.

SCOTT, PATRICK CUMIN, B.A., M.B.Camb., M.R.C.S., has been appointed Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton.

SYMONS, MARK JOHNSTONE, M.D., M.S.Ed., has been appointed Honorary Ophthalmic Surgeon to the Adelaide Hospital, Dublin.

TURNER, EDWIN, M.R.C.S., L.S.A.Lond., has been reappointed Medical Officer of Health for the Stourbridge Rural Sanitary District.

WALTER, ERNEST W., M.R.C.S., L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Hayling District of the Havant Union, vice Percy Pope, M.R.C.S., L.R.C.P.Ed., resigned.

Births, Marriages, and Deaths.

BIRTHS.

CADMAN.—On the 15th inst., at Breadsall, Derbyshire, the wife of Arthur W. Cadman, M.R.C.S., of Mornington-crescent, N.W. (prematurely), of a son.

DEBENHAM.—On the 13th inst., at Heath House, Stepney, the wife of Robert Debenham, M.R.C.S., of a son.

DE CHAUMONT.—On the 15th inst., at Woolston Lawn, Southampton, the wife of Professor F. de Chaumont, M.D., F.R.S., of a son.

DUKES.—On the 15th inst., at Sunnyside, Rugby, the wife of Clement Dukes, M.D.Lond., M.R.C.P., of a son.

EMERSON.—On the 14th inst., at Mountfield, Child's Hill, the wife of Surgeon G. A. Emerson, 9th Bengal Cavalry, of a daughter.

FIRTH.—On the 15th inst., at Parrock-street, Gravesend, the wife of Charles Firth, M.D., F.R.C.S., of a daughter

PAULLEY.—On the 16th inst., at Pulham Market, Norfolk, the wife of Legge Paulley, M.R.C.S., L.R.C.P.Ed., of a daughter.

MARRIAGES.

BOXER—JAY.—On the 13th inst., at New Buckenham, Norfolk, William Monsell Boxer, Lieutenant 3rd Brigade Southern Division Royal Artillery, only surviving son of Major-General E. M. Boxer, R.A., F.R.S., of Upton, near Ryde, Isle of Wight, to Rosa, only daughter of Frederick Fitzherbert Jay, Esq., M.D., of Leamington, Warwickshire.

FREYER—BURLEIGH.—On the 15th inst., at the Parish Church, Beckenham, Samuel Forster Freyer, M.D., Medical Staff, second son of Samuel Freyer, Esq., of Clifden, Co. Galway, to Charlotte Louisa, youngest daughter of the late William Burleigh, Esq., of Carrickfergus, J.P. Co. Antrim.

GILBERTSON—WILDER.—On the 13th inst., at St. Botolph's Church, Aldersgate-street, by the Rev. Flood Jones, Vicar, assisted by the Rev. Warwick Elwin, M.A., assisted by the Rev. H. C. Hodges, M.A., James Henry Gilbertson, L.R.C.P.Lond., M.R.C.S.Eng., of Hitchin, to Beatrice Mary, youngest daughter of the late John McMahon Wilder, B.D., Rector of Brandestone, Norfolk.

MACKAY — BANNERMAN. — On the 16th inst., at Clarendon-crescent, Edinburgh, William Alexander Mackay, M.B., Huelva, Spain, son of the late Rev. John Mackay, of Lybster, Caithness, to Katherine Maria, youngest daughter of the late Rev. James Bannerman, D.D., Professor of Divinity, New College, Edinburgh.

DEATHS.

BONE.—On the 1st ult., at Castlemaine, Victoria, after a few days' illness, William Bone, M.D., J.P., in his 49th year.

CUMMING.—On the 16th inst., at Richmond Barracks, Dublin, Robert Frederick Cumming, Surgeon, Scots Guards, aged 30.

LAW.—On the 10th inst., at Woburn-place, Russell-square, suddenly, Augustus Law, M.R.C.S., late Medical Officer Peninsular and Oriental Company's Service, aged 60.

LILLY. — On the 13th inst., at Norland-square, Notting-hill, W., Hubert Walter Lilly, Surgeon, aged 45.

N.B.—A fee of 5s. is charged for the Insertion of Notices of Births, Marriages, and Deaths.

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Oct. 22nd, 1885.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Oct. 16	30·03	E.	54	52	89	61	47	·19	Cloudy
,, 17	30·21	N.E.	46	45	63	56	43	...	Foggy
,, 18	30·24	W.	48	47	61	52	45	...	Hazy
,, 19	30·23	N.E.	45	43	77	50	43	...	Fine
,, 20	30·01	N.E.	44	40	...	51	39	...	Overcast
,, 21	29·84	N.W.	45	43	65	53	43	...	Overcast
,, 22	29·37	E.	46	44	...	...	43	·04	Hazy

Medical Diary for the ensuing Week.

Monday, October 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10.30 A.M., and each day at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1.30 P.M., and each day at the same hour.

ST. MARK'S HOSPITAL.—Operations, 2 P.M., and on Tuesdays at the same hour.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

CHELSEA HOSPITAL FOR WOMEN.—Operations, 2.30 P.M. Also on Thursdays at 2 P.M.

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Dr. J. Milner Fothergill: A Presumptive Diagnosis of Gout.—Dr. Isambard Owen: A case of Asymmetry.

Tuesday, October 27.

GUY'S HOSPITAL.—Operations, 1.30 P.M., and on Friday at the same hour. Ophthalmic Operations on Mondays at 1.30 and Thursdays at 2 P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.; Friday, 2 P.M.

CANCER HOSPITAL, BROMPTON.—Operations, 2.30 P.M.; Saturday, 2.30 P.M.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Mr. Morrant Baker and Mr. A. A. Bowlby: Diffuse Lipoma.—Mr. Walter Rivington: A case of Ligature of the Left Common Carotid Artery wounded by a fish-bone which had penetrated the pharynx.

Wednesday, October 28.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays at 1.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1.30 P.M. Skin Department: 9.30 A.M., on Tuesdays and Fridays.

ST. THOMAS'S HOSPITAL.—Operations, 1.30 P.M., and on Saturday at the same hour.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN CENTRAL HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2.30 P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.; Saturday, 2 P.M. Skin Department: 1.45 P.M.; Saturday, 9.15 A.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 3 to 4 P.M.

UNIVERSITY COLLEGE MEDICAL SOCIETY.—7 P.M. Dr. J. B. Squire: With the Field Force at Suakim.

HUNTERIAN SOCIETY.—8 P.M. Mr. Clement Lucas: On Inversion with Inflation in the Care of Intussusception, with a successful case.—Dr. Stowers will exhibit a case of Rare Disease of Nails, and one of Erythematous Lupus.—Mr. Cotman will exhibit cases of "Dead" Fingers.

BRITISH GYNÆCOLOGICAL SOCIETY.—8.30 P.M. Specimens will be shown. Dr. Heywood Smith and Mr. Lawson Tait: Hernia of Ovary.—Dr. Imlach: Treatment of Prolapsed Ovaries by Oöphorraphy.

Thursday, October 29.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Surgical Consultations, 1.30 P.M.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NORTH-WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

Friday, October 30.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1.30 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

Saturday, October 31.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

MIDDLESEX HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, & Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

ANCIENT LIBRARIES AND HYGIENE.

NOT in Athens only, but in Rome and in Alexandria, there were libraries containing tens of thousands of volumes, while in the provinces there were private book collections hardly less colossal. Pamphilus of Cæsarea, in Palestine, who was canonised after suffering martyrdom, A.D. 307, had a famous library, which he threw open to the public, and which consisted of 30,000 volumes. These noble institutions were frequented by students sufficiently numerous to require hygienic regulation. Thus, for example, the Roman parchment on which so many of the books were written had to be disused, as its extreme whiteness injured the eyes of the reader. According to Isidore of Spain (Bishop of Seville, A.D. 600-636), architects of libraries came to discountenance gilded ceilings, and to insist on the floors being of Carystian (that is, green) marble, because the glare of the gold was found to blunt the vision, while the green refreshed it (*quod auri fulgor hebetat et Carysti viriditas reficiat oculos*). For the same reason, in the coin departments of museums the students had to examine the denarii on cloths of myrtle green, and the artists in gems when at work used to glance from time to time at the backs of *scarabei*, than which nothing is greener (*quibus nihil est viridius*), says Isidore, to relieve the eye congestion induced by their minute and intense labour.

Nemo.—The Manchester Health Lectures (Heywood); pamphlets issued by the Ladies' Sanitary Association: office, 22, Berners-street, W.

H. S.—In most hospitals the senior surgeon has the choice of days, by the courtesy of his colleagues in the absence of specific rule to that effect.

"DAMP HANSOMS."

To the Editor of THE LANCET.

SIR,—The hansoms you allude to in an annotation in your last issue (page 732), as being furnished with a projecting glass roof sufficiently extensive to cover the front platform, thus rendering it impossible that the rain should invade the interior, are doubtless those known as Floyd's Patent Cabs, the invention of Captain Ashburnham Floyd. I had lately the pleasure of driving in one of these cabs, and noted the following particulars. The sliding glazed hood when brought forward to its full extent effectually prevents under all conditions the access of rain. The occupant of the cab, while fully protected from rain, wind, or dust, is safe from all risk of having his hat knocked over his eyes, or the bridge of his nose broken, both of which dangers are incurred by the occupant of an ordinary hansom, whose imperfect means of excluding rain consists of the dangerous falling glass shutter. In front of the apron are stands for umbrellas; and the mere act of placing an umbrella in one of these stands locks the leaves of the apron, thus preventing all chance of the passenger being thrown out of the vehicle in case of the horse falling. As the apron cannot be opened until the umbrella is withdrawn, it is of course impossible to forget this useful article. When it is added that ventilation is perfect, that there is such complete absence of rattle that conversation may be carried on without raising the voice, that there is a rack for parcels and a pneumatic bell for communication with the driver, I think it must be admitted that Floyd's Patent Cab is simply perfect; and for the sake of travellers by hansom cabs it is to be hoped that it will rapidly replace those in ordinary use. Floyd's Patent Cab may be seen at the Inventions Exhibition, where, strange to say, it has not won a prize.—I am, Sir, your obedient servant,

P. GOWAN, M.D., B.Sc. (Edin.)
Oct. 19th, 1885. Physician to H.M. the King of Siam.

J. E.—We do not know of a really good book on the subject, but methods for the relief of the defect are practised with more or less success. See our advertising columns.

Mr. D. Brade is referred to a general notice at the head of this column.

Mr. G. E. Walker.—The paper is marked for insertion.

LUNACY IN PARIS.

FROM a report just issued by the Prefect of the Department of the Seine, it appears that there are now six times as many lunatics in Paris as there were in 1801, whereas there are scarcely three times as many inhabitants in the capital. During the three years ending with 1883 the average number of persons confined as lunatics was 3509, against an average of 2714 in the ten years ending 1880. Down to 1866 the number of female lunatics exceeded that of the male; but since that date the men have predominated in an increasing ratio, and now supply nearly 56 per cent. of the total. The numbers of the married and the single are almost exactly equal. The chief of the "physical" causes producing mental disease is excessive drinking, which is responsible for 562 cases out of the 1067 admitted in the year. Of the "moral" causes, domestic trouble stands first with fifty-nine cases, and after it in order come money losses, alarm, surprise, domestic affliction, and religious mania, which last appears to be comparatively rare in Paris.

H. E. S.—There is no Article or Order justifying a relieving officer in not carrying out the order for removal given by the district medical officer. If the patient died during removal, or directly afterwards, the district medical officer would be held responsible, not the relieving officer. In extreme cases, however, where a sudden change for the worse has taken place in the condition of the patient subsequent to the issue of the order for removal, the relieving officer could certainly not be blamed for not carrying out that order.

Sleep should consult Foster on Sleep and the various text-books on Physiology, also works on Medicine.

Mr. B. Lumley and *Mr. C. Twoody.*—The matter is receiving attention.

Quesitor.—The title is not applicable to such a qualification.

Dr. James Drummond (South Shields) is thanked.

"STIMULATION OF THE VAGUS IN THE TREATMENT OF CHOLERA."

To the Editor of THE LANCET.

SIR,—In an annotation in your issue of Oct. 3rd, headed as above, it is stated that the success attending the treatment recommended by Dr. Harkin is "almost too good to be true." This may be so. Fortunately, I have had no opportunity of trying the remedy in Asiatic cholera; but as to its being remarkably effective in English cholera, or the summer diarrhœa and vomiting which we so frequently meet with, I feel convinced after repeated trials. The letter referred to as appearing in THE LANCET of Aug. 16th, 1884, was pointed out to me by Mr. Thurston of Ashford last summer, and since then I have tried this external application in the manner described—viz., blistering behind the angle of the jaw—in at least twenty cases, which were more or less severe, and occurring in patients ranging from infancy to old age. In all the cases it has been attended with marked and immediate success, the vomiting and diarrhœa being controlled almost at once; and in some of these cases I had previously tried acid and opium, catechu, chalk, logwood, &c., in usual doses. Whether it stays the purging as well as the vomiting I am unable to say, for my cases have been mostly too severe and urgent to justify me in making the experiment; so that it may be that by checking the vomiting the diarrhœa yields to the remedies given by the mouth. It is, at any rate, a method of treatment which is attended by no risk, and in no way interferes with any other treatment which the practitioner may see fit to carry out. As to the theory of the action of the blister on this particular spot I offer no opinion; but as to its effect, at any rate in my own cases, I have no doubt whatever.

I am, Sir, yours obediently,
Grantham, Oct. 7th, 1885. HARRY POOLE BERRY, M.B. Lond.

"CIRCULAR HOSPITAL WARDS."

MR. BURDETT desires us to correct the following figures in the table published with his paper on the above subject in our issue of Oct. 10th, page 684. The cubic and superficial feet per bed in the case of the Leeds Infirmary should be given as 1950 and 107, instead of 1850 and 240 feet respectively. The superficial area per bed at the Glasgow Western Infirmary should be 108 ft., instead of 100 ft.; the wall space at Norwich should be 7¾ ft., instead of 11½ ft.; and the cost per bed should be £248, instead of £270. Mr. Burdett regrets that these errors were overlooked in the proof, though the figures do not appear in the body of the paper, or in any way affect its conclusions.

Dr. Tom Gelston.—Pure naphthaline may be prescribed in from two- to three-grain doses, mixed with syrup and water.

"LAPAROTOMY AS AN AID TO HERNIOTOMY."

To the Editor of THE LANCET.

SIR,—I regret to find that in my report of a case of herniotomy, published in your issue of the 26th ult., I have attributed to Mr. Keetley, instead of to Professor Annandale, the credit of having first called attention to the ease with which a loop of bowel could be pulled back into the abdominal cavity. I was not at the time aware of the fact that Mr. Annandale had published a second paper on the subject of laparotomy for the relief of strangulated hernia.—Yours truly,

George-street, W., Oct. 19th, 1885. E. HURRY FENWICK.

PENNY DINNERS.

THE London School Board has lately resolved to grant facilities to local managers and other responsible persons for the provision on the school premises of penny dinners on self-supporting principles. We understand that the Central Council for Promoting Self-supporting Penny Dinners will give information and pecuniary help, if considered needful, to those who are about to supply such dinners.

Mr. Tallack.—We have frequently adverted to the subject, and pointed out the means that should be taken to verify the fact of death.

CHANGES AFTER DEATH BY LIGHTNING.

To the Editor of THE LANCET.

SIR,—Noticing in an annotation in THE LANCET of Aug. 22nd (p. 355) a description by Dr. Liman, at a meeting of the Berlin Verein für innere Medicin, of the changes presented after death in the bodies of two men killed by lightning, and in which reference is made to certain dendritic figures described on portions of their bodies, and which were frequently observed in similar cases, I have thought a perusal of the following notes on death by lightning of a sergeant of the 17th Lancers, which occurred here last July, might interest some of your readers, especially as these dendritic figures alluded to were in this case clearly defined, but their *raison d'être* not very apparent.

Sergeant C——, 17th Lancers, was killed instantaneously by lightning on July 29th last during a severe thunderstorm while standing in his troop barrack room. I had an opportunity of examining his body about a quarter of an hour after death. I found the face livid. His coat and clothing were torn over the right shoulder, and the skin underneath was discoloured; here the electric fluid appeared to have entered his body. On the chest was traced, or stamped, the pattern of several fronds of what might be the polypodium, or common fern, in a somewhat irregular arrangement. These figures were at once manifest on the clothes being removed, and were startlingly clear. With the exception of a small scalp wound (the result of falling on the back of his head when killed), the appearance of the body presented otherwise nothing unusual. At the post-mortem examination, eleven hours after death, the following appearances were noted: Body muscular and well nourished, rigor mortis very marked; deep hypostatic congstion of depending parts; face of a livid colour; slight mark of discolouration on the right shoulder, about 3 in. long and ¼ in. broad, similar to the mark of a blow from a stick. A dendritic discolouration of the skin of the chest was clearly marked immediately after death. A lacerated scalp wound, about an inch in diameter, was found over the occiput. The brain was healthy, but the vessels were congested. The heart weighed 11 oz.; the cavities were filled with dark fluid blood; valves normal; organ healthy. The right lung weighed 18 oz., and was engorged with dark fluid blood; the left weighed 17 oz., and was in a similar condition; both were otherwise healthy. The liver weighed 5 lb. 8 oz.; it was enlarged and congested; substance friable. The spleen, weighing 16 oz., was engorged and enlarged. The kidney was healthy. This man had not been treated in hospital for any disease for the six months previous to his death.—I am, Sir, yours truly,

SIDNEY H. CARTER, M.B.,
Lucknow, Bengal, Sept. 21st, 1885. Surgeon, Med. Staff.

A CURIOUS MIDWIFERY EXPERIENCE.

To the Editor of THE LANCET.

SIR,—A few weeks ago I was summoned by an experienced midwife to assist a primipara who was apparently in labour. The patient, whose age was twenty, was in great terror, and in a state of violent excitement. The midwife told me that there was an extraordinary obstruction, and that it appeared to her to be "one of the bones of the arm." After a little difficulty I was able to make a vaginal examination, and found a smooth, hard, cylindrical body firmly wedged in the vagina, in a somewhat oblique position. The midwife had told me that the patient had never had any instrument used. For a moment I racked my brain in vain to account for this unlooked-for complication of labour. Owing to the struggles of the patient I could not get a satisfactory examination of the mysterious object, which appeared to be protruding from the uterus. Obviously, before labour could be accomplished it had to be removed; with steady traction, therefore, I endeavoured to bring this to pass. Gradually shifting its position, it soon became apparent what the obstruction was, and my mind was delivered from its wondering, and the woman of a fine Hodge's pessary! The pains passed away, and the woman was delivered in three weeks' time without further mishap.

It appeared that rather more than thirteen months previously the patient had been for a short time in a hospital in the north for some uterine derangement, and during her stay she had been placed under chloroform for vaginal examination. The instrument must have been placed in position on that occasion, as there had been since then no other opportunity. The medical man had either forgotten to tell her what had been done, or, having done so, had been misunderstood. Till the uterus began to sink into the pelvis, towards the end of pregnancy, she had suffered no inconvenience, and, in fact, both she and her husband had been totally ignorant of its presence. The pessary, which measures 3½ in. by 1¾ in., and is made of vulcanite, is in perfect condition.

The extraordinary character of the incident, and the long period that the pessary had remained unfelt and unsuspected by its owner, form my apology for bringing the case before the readers of THE LANCET.

I am, Sir, yours faithfully,
Oct. 13th, 1885 B. T.

THE THERAPEUTIC VALUE OF PHORMIUM TENAX.

MR. FRANCIS A. MONCKTON, surgeon-superintendent, Kumara Hospital, has recently published the result of his experience with phormium tenax. He states that from 1869, when the properties of the plant were first made known, till the present, he has used it in hundreds of cases, including lacerations and amputations of every description, and he has no hesitation in saying that there is nothing in England that can equal it in producing healthy granulations. He uses a strong decoction made from the roots and the butts of the leaves boiled for twelve hours. The decoction readily ferments, but may be kept any length of time by the addition of about an ounce of equal parts of carbolic acid and glycerine to every quart. Mr. Monckton gives particulars of several cases in which the value of the remedy is shown, and we may conclude that this botanical product of New Zealand will prove a valuable auxiliary to the surgeon as soon as its therapeutical effects have become generally known.

K. C.—The fact mentioned needs to be proved before the cause of it can be discussed.

Quæsitor should apply to the Turkish Ambassador.

Dr. Saul's paper has not come to hand.

THE ROYAL COLLEGES OF PHYSICIANS AND SURGEONS' COMBINED SCHEME.

To the Editor of THE LANCET.

SIR,—The scheme of the Combined Colleges has now been working for twelve months, and, as a student, may I be allowed to point out how it affects students generally.

Let it be granted that a student enters a hospital on Oct. 1st, having no previous knowledge of anatomy, physiology, botany, materia medica, physics, and chemistry. At the end of his first winter session he takes up the second part of the first examination, and passes in anatomy and physiology, which subjects, with dissecting, have occupied the first winter. To do this he must spend a good portion of his April vacation in town, as the examination is held in that month. Returning in May, lectures on materia medica and botany are attended, in order that he may pass the first part of the first examination in July; as the chemistry (theoretical) and physics lectures have been delivered during the previous winter, he really has to get up four subjects—viz., botany, materia medica, physics and chemistry, in three months. Did the Royal Colleges consider this in the light I now place it? By their granting a rule which does not allow the second examination to be taken until the first has been passed six months, they encourage "cram" pure and simple. Supposing a student does not pass the whole of his first examination at the end of July, it necessitates his working during the long vacation and also during the first month of his second winter—that is, if he intends to pass the second professional examination by the end of his second winter. As no lectures are given on materia medica, "coaches" have to be employed, because it is impossible to attend to advanced anatomy and physiology until the first examination has been passed; thus part of the second winter is lost. May I suggest without presumption that the materia medica examination be allowed to stand over until the second summer session? This I believe would meet with general favour, and would allow the anatomical and physiological studies to have free course.

Trusting you will find space for this letter, which is written not for the sake of fault-finding, but to show that, though framed in a liberal spirit, the new scheme has unwittingly encouraged "cram,"

I remain, Sir, yours truly,
Oct. 14th, 1885. VERUS AMICUS.

SUCCESSION DUTIES CLAIMED ON A SURGEON'S FEE.

A LIÈGE practitioner, having to perform a very serious operation on a lady, was asked his fee, and, having named it, was offered it in advance. This, however, he declined. The result of the operation was unfavourable. After the patient's death the fee was paid by the family without any objection. The surgeon's astonishment was considerable when, some time afterwards, he received a letter from the notary of the Public Revenue Department, stating that the Administration of Finance "declined to recognise the fee, as, considering the position of the patient, it was exorbitant," and demanding succession duty on the whole. He added that if a lawsuit was to be avoided, a detailed and circumstantial account must be furnished. The editor of the Belgian medical journal to which this is communicated, says that he never before heard of a revenue officer claiming to interfere between a medical man and his patient about the amount of the fee; and suggests that, as the relations between such parties are confidential, it would be highly improper to furnish a "detailed account" to any official demanding it.

M.D. should apply to the Crown Agents for the Colonies, Downing-street, S.W.

PEATY ACIDS.

To the Editor of THE LANCET.

SIR,—I shall be glad if any of your readers will give me some information respecting the "peaty acids," or direct me to a work in which they are discussed.

I am, Sir, yours faithfully,
Sheffield, Oct. 13th, 1885. M. O. H.

MEDICAL STATISTICS OF AUSTRO-HUNGARY.

THE Austrian Central Commission of Statistics have recently issued a report on the medical and sanitary services of the Austro-Hungarian Empire for the year 1882. The total number of hospitals is given as 537, in which 250,589 individual patients had been treated during the year. Of these, 9·68 per cent. had syphilis, and 6·18 per cent. tuberculosis. The number of lunatic asylums was twenty-six, twenty-one of which were public and five private. The number of patients in them was 10,392, being an increase of 6·8 per cent. on the numbers of the previous year. Bohemia contributed more of these than any of the other divisions of the empire. In addition to the lunatics in asylums, there were 19,646 treated at home. Altogether there were eighty-nine persons of unsound mind to every 10,000 inhabitants, the largest proportion being found in Salzburg, Görz, Gradiska, Vorarlberg, and the Tyrol. The number of maternity hospitals was eighteen, with 1487 beds. The deaths numbered 636,951, giving a mean death-rate of 32·13 per mille. The highest death-rate was in Bukowina, where it was 41·02; the lowest in Dalmatia, where it was 21·20. Small-pox caused 21,154 deaths, being more fatal than in the previous two years. The mean death-rate from phthisis was 384 to 100,000 living, this rising as high as 539 in Lower Austria, and falling to 225 in Dalmatia.

J. A. C.—The Royal Medical Benevolent College, Epsom; office, 37, Soho-square, W.

"CIRCULAR HOSPITAL WARDS."

To the Editor of THE LANCET.

SIR,—As your space will not admit any further lengthy discussion of the above subject, and it is impossible that I can reply briefly to Mr. Burdett's communication published in your issue of the 10th inst., will you permit me to inform those of your readers interested in the question, that this reply will be published in the current number of the *British Architect*, and possibly in other building papers?

I am, Sir, your obedient servant,

Oct. 21st, 1885. H. SAXON SNELL, F.R.I.B.A.

THE RODGERS FUND.

A COMMITTEE is being formed to increase this fund, which Dr. Lavies started before the vacation. It is to be hoped that a sufficient sum may be raised to render the declining years of Mr. Rodgers free from care. We shall be happy to publish subscriptions, which may be sent to the Treasurer, Dr. Lavies, 96, St. George's-road, S.W.

Garde is referred to Dr. Cobbold's papers in THE LANCET of June 6th, 1874, and Sept. 26th, 1885.

THE BRADLEY FUND.

To the Editor of THE LANCET.

SIR,—Kindly acknowledge the following contributions in the next issue of your journal: Mr. E. H. Addenbrooke, £1 1s.; Mr. John C. Creswell, 10s. 6d.

I would again remind those of your readers who are anxious to subscribe and have not already given me their names, that the subscription list closes on Monday next (Oct. 26th).—Yours faithfully,

Eastwood House, Chesterfield, Oct. 21st, 1885. RICHARD JEFFREYS.

A CORRECTION.

WE owe an apology to Dr. Frank G. Foster, the accomplished editor of the *New York Medical Journal*, for having, in a recent review of Pepper's "System of Practical Medicine," attributed the article on Vaccination contained therein to another pen than his. The oversight was wholly unintentional, and we take the opportunity of rectifying it, especially as the article in question received our hearty commendation.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. A. H. Hassall, San Remo; Mr. J. B. Kerr, Bury; Mr. C. Umney; Mr. Thos. Ryan, London; Mr. H. Adkins, London; Dr. Macalister, Cambridge; Messrs. Lorimer and Co., London; Mr. Blackett, London; Mr. Dean, London; Mr. Eassie, London; Mr. Garstang, Knutsford; Dr. A. Van Vyve, Anvers; Mr. Molony, Arklow; Messrs. Arnold and Son, London; Mr. Tallack, London; Mr. Harries, London; Mr. Whitton, Glasgow; Dr. Sharkey, London; Mr. J. Stewart, Clifton; Mr. Mayo Robson, Leeds; Dr. Russell, Edinburgh; Dr. Jas. Drummond, South Shields; Dr. Newman, Stamford; Dr. Strahan; Mr. E. H. Fenwick, London; Mr. W. M. Clarke, Bristol; Dr. Curran, London; Dr. De H. Hall, London; Dr. Macgillivray, Edinburgh; Mr. Leopold Hudson, London; Mr. Percy Dunn, London; Dr. W. Ewart, London; Dr. G. Thompson, Stapleton; Mr. T. D. Pryce, Nottingham; Dr. Gelston, Limerick; Mr. J. W. Hooker, Wimbledon; Mr. W. G. Dickinson, London; Dr. Gowan, Hampstead; Mr. Van Buren, London; Mr. G. R. Jesse, Henbury; Dr. Chalmers, London; Dr. Angus Fraser, Aberdeen; Mr. D. Priest, Waltham; Mr. Jordan Lloyd, Birmingham; Mr. Mayo Collier, London; Mr. Fox, Birmingham; Messrs. King and Co., London; Mr. Phillips, London; Mr. Sacker, London; Mr. Hare, Edinburgh; Messrs. Johnston, Edinburgh; Messrs. Eyles and Son, Brighton; Dr. Aslett, Worcester; Dr. Lindsey, Burslem; Dr. Jay, Leamington; Mr. Greenbury, Edinburgh; Mr. Glondor, Switzerland; Mr. Wood, Darlington; Mr. Newsholme; Mr. Wheeler, Ilfracombe; Mr. Arrowsmith, Bristol; Miss Countze; Messrs. Helmcke and Co., London; Mr. Marks, London; Mr. Armstrong, Newcastle-on-Tyne; Mr. Hutchinson, London; Dr. Seaton, Sunbury; Dr. Dyce Duckworth, London; Mr. Sweeting, London; Mr. S. Snell, Sheffield; Mr. Jas. Oliver, London; Dr. Harkin, Belfast; Dr. F. Page, Newcastle-on-Tyne; Mr. Rawlings, London; Mr. Chavasse, Birmingham; Dr. A. Hay, Maryhill; Dr. Waugh, London; Mr. Johnstone, Stoke Newington; Mr. Opie, Beckenham; Dr. Cullingworth, Manchester; Dr. W. W. Gibson, Kidderminster; Mr. J. Congreve, San Remo; Mr. Jackson, Barnsbury; Dr. Allen, Glasgow; Mr. Hartley, Huddersfield; Dr. Cartwright Reed, Griqualand West; Miss Barlow, Colwyn Bay; Mr. Woodland, London; Mr. Jessop, London; Mr. W. Kimpton, London; Mr. Crisp, Keyncham; Mr. Middleton, Stratford; Mr. Roderick, Edinburgh; M.D.; Reform; Exactness; W. B. S., Leicester; C. H.; A Member; M.D.; Quæsitor; Ovid; A Senior Fellow; Mrs. W., Bow; K. C.; Cantab.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Stewart, Glasgow; Mr. Libby, Horsforth; Messrs. Johnstone and Co., Huddersfield; Mr. Gilbertson, Dawlish; Dr. Gramshaw, Kew; Mr. Armstrong, Manchester; Mr. Lindsey; Mr. Dunn, Salop; Mr. Marsh, Hammersmith; Messrs. Low, London; Mr. Bienkarne, Buckingham; Mr. H. Bigg, London; Mr. White, Bayswater; Mr. Summerhill, Rhyl; Mr. Allsop, Peckham; Mr. Swain, Baldock; Mr. Dallas; Dr. Vines, Little Hampton; Messrs. Smith and Son, Manchester; Mr. Rowlands, Towyn; Mr. Fitzgerald, Dublin; Messrs. Andrews, Winchester; Mr. Charlesworth, Hanley; Mr. Lewis, Birmingham; Medicus; Gamma; L. E. R., London; Medicus, Dromore; N. M.; M.R.C.S., Birmingham; Medicus, Cardiff; Graduate, Bournemouth; Medicus, London; R., Forest-hill; W. M.; W. H., Leicester; M., Notting-hill; J. L., Fulham; M.D., Twickenham; E. F., London; W., Devonport; Medicus, Hammersmith; H. P., Brith; G., Ashnough; Q.C., Chester; O.S.S., Leicester; Argo; H. P.; O. K.; Milton.

Windsor and Eton Gazette, Shields Daily Gazette, Lincolnshire Chronicle, Christian Chronicle, Universal Benefactor, Liverpool Mercury, Glasgow Herald, Northern Counties Gazette, Cape Argus, Windsor and Eton Express, Totnes Times, Pulman's Weekly News, Bournemouth Observer, Times of India, Bournemouth Visitors' Directory, &c., have been received.

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Agent for the Advertising Department in France—J. ASTIER, 66, Rue Caumartin, Paris.